MAXIMUS Federal Services

Case Number:	CM14-0214033		
Date Assigned:	12/31/2014	Date of Injury:	12/30/2009
Decision Date:	02/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 years old male patient who sustained an injury on 12/30/2009.He sustained the injury due to involved in motor vehicle accident. The current diagnoses include status post ACDF neck fusion at C5-C6, C6-C7 with fractured screw with anterior plate, dysphagia related to the plate, improved with Mucinex use and left shoulder tendinopathy. Per the doctor's note dated 12/16/2014, he had complaints of neck pain, left shoulder pain, severe muscle spasms, difficulty trying to swallow and unable to raise his arm at or above shoulder height. He had pain at 4/10 with his medications, and at 10/10 without them. The physical examination revealed neck range of motion very limited in all planes, neck pain with cervical compression that radiates in the left shoulder blade area, muscle spasm in the cervical paraspinal and cervical trapezius muscles, intact motor strength, sensation, and deep tendon reflexes in the upper extremities; left shoulder very limited range of motion with positive impingement sign and crepitus on circumduction passively.The medications list includes norco, neurontin, ibuprofen, flexeril and mucinex. He has had cervical MRI on 4/1/2010 which revealed idsc protrusion at C5-6 and C6-7; left shoulder MRI which revealed tendinopathy. He has undergone anterior cervical discectomy and fusion on 5/24/2010. He has had chiropractic care for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Page(s): 76-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. There was continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.