

Case Number:	CM14-0215554		
Date Assigned:	01/05/2015	Date of Injury:	07/10/2007
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

The injured worker was injured on 7/10/07. He had undergone left C2-3, C3-4 diagnostic facet injections on 9/13/13 which resulted in temporary total relief of cervical radicular pain. Urine drug screen from 05/08/14 was appropriate for prescribed hydrocodone and negative for substances of abuse. According to recent hand-written clinic note from 12/10/14, the injured worker reported subjective complaints of cervical spine and lumbar spine pain radiating to both arms and legs, pain is reported as being 10/10 without medications and 6/10 with medications. There is no report of side effects. On physical exam he has full motor strength and sensation, there is painful restricted range of motion and pain to palpation along the L4 paraspinal area and sciatic notch. There is a positive straight leg raise exam. Cervical spine there is tenderness throughout the cervical paraspinal muscles. Diagnoses include cervical spondylosis without myelopathy, lumbosacral spondylosis, neck pain and disorder of back. In addition to Cymbalta 60mg he is also prescribed naproxyn 550mg and Norco 10/325mg up to 4 times daily for breakthrough pain as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for use, page(s) 76-96 Page(s): 76-9.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is documented evidence of decreased pain level with a 40% decrease of VAS with Norco taken as needed for breakthrough pain. Additionally there is documented screening that the patient has no adverse drug effects, no aberrant behavior suggesting dependence, and UDS have been appropriate suggesting diversion is not a concern. The patient is prescribed Norco for breakthrough pain as needed in addition to a first line agent for neuropathic pain, Cymbalta. Consequently continued use of short acting opioids is supported by the medical records and guidelines as being medically necessary.

Naprosyn 550mg, quantity not indicated: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation, however continued long-term use of NSAIDs is not appropriate if there are any side-effects or if there are medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. The injured worker has risk factors for heart disease due to chronic elevation of blood pressure; he has been treated for hypertension since 2011. Continued use of NSAIDs is not recommended with uncontrolled hypertension. Consequently I believe continued use is not medically appropriate at this time.