

<b>Case Number:</b>	CM15-0015893		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 64- year old female, who sustained an industrial injury on August 9, 2007. She has reported a large box falling on her resulting in neck pain that got progressively worse. The diagnoses have included cervical radiculopathy, cervical degenerative disc disease, chronic neck pain status post-surgical fusion, cervical myofascial strain and cervical herniated nucleus pulposus (HNP). Treatment to date has included Electromyography (EMG)/nerve conduction velocity studies (NCV), pain medication to include oral and topical, physical therapy with home exercise program, acupuncture, C5-C6 spinal fusion and regular follow up. Currently, the IW complains of neck, middle and lower back and upper extremity pain. The worker had trigger point injections on October 30, 2014 and reported a thirty percent improvement in pain. Accompanying symptoms included weakness in the bilateral hands that results in frequent dropping of items. Pain was reported worse in the right arm and neck pain radiated down her right arm to her wrist. Pain was rated a five to a six on a scale of ten. Pain medication was reported to reduce pain by 20-30 percent and allowed her to sleep for longer periods. On January 22, 2015, the Utilization Review decision non-certified a request for a prescription of Norco 5/325mg count 60, a soft cervical collar and lab work to include complete blood count and a comprehensive metabolic panel. The decision noted that studies showed a cervical collar is not proven effective and may cause debilitation if used long term. The Norco was non-certified due to the documentation reflected the worker had been on the medication since 2010 and there was no documentation of significant functional improvement or sustained benefits from using this medication. The lab work was ordered based on the worker being on

Norco and there are no guidelines to support the medical necessity for this test. The MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM Neck and Upper Back Complaints Guidelines were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of a prescription of Norco 5/325mg count 60, a soft cervical collar and lab work to include complete blood count and a comprehensive metabolic panel.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 Norco 5/325mg:** 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): 76-78, 88-89, 90.

**Decision rationale:** The patient was injured on 08/09/07 and presents with neck pain, upper extremity pain, mid-back pain, and low back pain. The request is for NORCO 3/325 MG #60 for breakthrough pain. The RFA provided is dated 11/20/14 and the "patient is unable to return to their usual and customary job duties." The patient has been taking this medication as early as 09/02/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. On 10/30/14, she rated her pain as a 7-8/10. "She says that these medications lower her pain by about 20-30% and she is able to sleep slightly longer and she feels 'better' overall." On 11/20/14, the patient rated her pain as a 5-6/10. UDS 11/20/14 and CURES 11/20/14 are consistent. "No signs of abuse, misuse, diversion." Although the treater provides pain scales and provides a discussion on side effects/aberrant behavior, not all 4 A's are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy. No outcome measures are provided either as required by MTUS Guidelines. The patient does have a 11/20/14 UDS which is consistent with her medications and a 11/20/14 CURES report on file. Without the ADL's, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

**1 Soft cervical collar script:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, cervical collars

**Decision rationale:** The patient was injured on 08/09/07 and presents with neck pain, upper extremity pain, mid-back pain, and low back pain. The request is for N1 SOFT CERVICAL COLLAR SCRIPT. The RFA provided is dated 11/20/14 and the "patient is unable to return to their usual and customary job duties." There is no indication of the patient using this cervical collar prior to this request. The ACOEM chapter 8 page 175 states, "Cervical collars: Initial care other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars in prolonged periods of rest are generally less effective than having patients maintain their usual, 'pre-injury' activities." Regarding cervical collars, the ODG Guidelines under its neck and upper back chapters states, "Maybe appropriate where post-operative and fracture indications exist." There is positive Spurling's on the right; limited cervical rotation/extension; hypertonicity of the cervical paraspinals C3-C7 on the left greater than right, left trapezius, and the left levator scapula with twitch response; tenderness to palpation of the bilateral carpometacarpal joints; positive cervical facet loading bilaterally. The patient is diagnosed with cervical radiculopathy, cervical DDD, chronic neck pain status post-surgical fusion, cervical myofascial strain, and cervical HNP. In this case, ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. This patient is not in a post-operative state and there is no concern for fracture. The requested soft cervical collar script IS NOT medically necessary.

**1 CBC, CMP to assess safety of medication profile:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lab monitoring Page(s): 70. Decision based on Non-MTUS Citation MedlinePlus at website <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>

**Decision rationale:** The patient was injured on 08/09/07 and presents with neck pain, upper extremity pain, mid-back pain, and low back pain. The request is for 1 CBC, CMP TO ASSESS THE SAFETY OF MEDICATION PROFILE. The utilization review denial rationale is that "there is no guideline support that indicates the need for monitoring with use of Norco. There was also nothing documented that noted a specific medical necessity for this patient." The RFA provided is dated 11/20/14 and the "patient is unable to return to their usual and customary job duties." Review of the reports provided does not indicate if the patient has had prior lab testing done. In regards to the Lab tests, the MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to

state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." As for CMP, MedlinePlus at

<http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm> states that "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." The resource also states that "This test will give your doctor information about: How your kidneys and liver are working; Blood sugar, cholesterol, and calcium levels; Sodium, potassium, and chloride levels (called electrolytes); Protein levels. Your doctor may order this test during a yearly exam or routine checkup." The patient's current medications include Norco, Prilosec, and Fenoprofen Calcium and a CBC/CMP testing may be indicated. The patient is taking both chronic opioids and NSAIDs for which routine testing would be indicated. Adrenal insufficiencies with blood disorders have been reported with chronic opioid use. The requested CBC/CMP IS medically necessary.