

Case Number:	CM15-0114711		
Date Assigned:	06/23/2015	Date of Injury:	12/10/2008
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 56 year old male, who sustained an industrial injury on 12/10/2008. He has reported injury to the neck, bilateral shoulders, and right hand/wrist. The diagnoses have included cervical foraminal stenosis C3-C7; bilateral cervical radiculopathy; status post anterior and posterior C3-T1 fusion, on 11/03/2010; status post removal of cervical hardware in 02/2012; and right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, injections, physical therapy and surgical intervention. Medications have included Norco, Opana ER, Lyrica, Butrans Patch, Ibuprofen, and Prilosec. A progress note from the treating physician, dated 05/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant pain in his neck, bilateral shoulders, upper back, and right wrist and hand; pain is increased with range of motion; ongoing intractable chronic pain in the cervical spine that is associated with severe headaches; he has been attending therapy and reports some improvement in his pain, but it is not permanent; the neck pain has improved somewhat since the surgical intervention, but his right arm and hand pain and numbness continue to be severe and affect his ability to tolerate routine activities of daily living; and the pain is rated as a 10/10 in intensity, but finds it is reduced to a 7/10 with use of his medications. Objective findings included functional improvements with prescribed medications. The treatment plan has included the request for Norco 10/325mg 1 tablet by mouth every 6 hours breakthrough pain as needed, #120; and Opana ER 20mg take 1 tablet by mouth every 12 hours, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet by mouth every 6 hours breakthrough pain as needed, #120:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management Page(s): 86 and 78-80.

Decision rationale: Norco 10/325mg 1 tablet by mouth every 6 hours breakthrough pain as needed, #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient's morphine equivalent dose is 120 which is the limit recommended by the MTUS is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The patient's morphine equivalent dose is 120 which is the upper limit recommended by the MTUS. Despite being on this MED the patient's pain level continues to be high. There is no evidence of significant pain relief or increased function from the opioids used to date. In Feb. 2015 opioids were progressively increased, with no corresponding increase in function and pain relief. For all of these reasons the request for continued Norco is not medically necessary.

Opana ER 20mg take 1 tablet by mouth every 12 hours, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list, Oxymorphone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Opana ER 20mg take 1 tablet by mouth every 12 hours, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient's morphine equivalent dose is 120 which is the limit recommended by the MTUS is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The patient's morphine equivalent dose is 120 which is the upper limit recommended by the MTUS. Despite being on this MED the patient's pain level continues to be high. There is no evidence of significant pain relief or increased function from the opioids used to date. In Feb. 2015 opioids were progressively increased, with no corresponding increase in function and pain relief. For all of these reasons the request for continued Opana is not medically necessary.

