

Case Number:	CM15-0127769		
Date Assigned:	07/14/2015	Date of Injury:	08/02/2012
Decision Date:	08/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 is a 49 year old male who sustained an industrial injury on 8/2/12 when he fell backwards off scaffolding landing on his back. He injured his back, neck, right hand and right leg. He currently complains of lumbar spine pain with radiation at times to bilateral legs with left worse than right and numbness and tingling on the backside of the legs to the feet. His pain level is 4-5/10 with medications; neck pain; pain in the chest area; radiation of pain from bilateral shoulders down to the hands with numbness in the fingers. He has difficulty sleeping. Hands on exam of the cervical spine was deferred; there was tenderness in bilateral acromioclavicular joint with restricted range of motion; right wrist range of motion was restricted due to pain; there was stiffness and tightness in the lumbar spine and pain on the side of the scar with restricted range of motion; in the lower extremities there was decreased sensation in the right lateral side of the right leg below the knee. Medications were Norco, Prilosec, amitriptyline, Flexeril. Diagnoses include C5-6 and C6-7 degenerative spondylosis with spinal stenosis, foraminal stenosis and right C6-7 radiculitis, status post insertion of cervicocranial traction, anterior C5-6 and C6-7 discectomy and bilateral foraminotomy, anterior C5-6 and C6-7 interbody fusion, anterior instrumentation C5-6 and C6-7 (4/11/15); right wrist complete arthroscopic synovectomy; capsulorrhaphy mid carpal and ulnar carpal joint; chronic low back pain; cervical spasm; head trauma; lumbar disc desiccation with interarticularis fracture, status post lumbar spine surgery. Treatments to date include psychological evaluation and therapy; transcutaneous electrical nerve stimulator unit which temporarily relieves numbness in fingers; neck support; home exercise program. Diagnostics include MRI of the cervical spine

(3/4/15) showing mild segmental stenosis and mild right foraminal narrowing; cervical spine x-ray (4/30/15) showing interbody bone grafts with no malalignment or complications; cervical spine x-ray (6/4/15) stable from previous exam. In the progress note dated 5/27/15 the treating provider's plan of care includes a request for Norco 10/ 325 mg # 90 as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325 MG #90 with No Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: MTUS Guidelines allow for the judicious use of opioids when there is meaningful pain relief, functional improvements (rare exceptions allowed) and no drug related aberrant behaviors. This individual meets these Criteria. Over 50% pain relief is reported from mediation use and this individual is a rare exception to the functional standard, when this was prescribed and reviewed in U.R. he was just a few months s/p major cervical surgery and measures of function would not be appropriate that soon after surgery. No aberrant drug related aberrant behaviors were noted. Under these circumstances, the Norco tab 10-325 MG #90 with No Refills is/was consistent with Guidelines and medically necessary. Once the cervical fusion has stabilized i.e. 6 months post surgery it may be reasonable to re-review the opioid for functional improvements. Therefore, the request is medically necessary.