

<b>Case Number:</b>	CM15-0127911		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Emergency 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 47-year-old male, who sustained an industrial injury on 5/14/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc displacement without myelopathy. Treatment to date has included diagnostics and medications. The progress report dated 4/13/2015 noted that the injured worker was willing to try to wean opiates. Norco dosage was decreased from 10/325mg to 7.5/325mg and Ibuprofen was added. His pain levels were 2/10 with Norco and Gabapentin and 8/10 without. On 5/14/2015, his Ibuprofen was discontinued due to elevated blood pressure and was now on anti-hypertensive medication. Pain was rated 6/10 with lowered Norco dose and 9/10 without. His function was unchanged and work status was permanent and stationary. Currently (6/11/2015), the injured worker complains of unchanged pain levels since previous visit. His function was unchanged. Exam noted neck tenderness, resisted range of motion in all planes, and positive Spurling's sign to both shoulders. He was taking Valsartan and his blood pressure was 114/81. The treatment plan included continued medications and cervical collar refill-narrow medium. The rationale for the requested treatment was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 7.5/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has unchanged pain levels since previous visit. His function was unchanged. Exam noted neck tenderness, resisted range of motion in all planes, and positive Spurling's sign to both shoulders. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325mg #120 is not medically necessary.

**Neurontin 600mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

**Decision rationale:** The requested Neurontin 600mg #120 with 3 refills is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction". The injured worker has unchanged pain levels since previous visit. His function was unchanged. Exam noted neck tenderness, resisted range of motion in all planes, and positive Spurling's sign to both shoulders. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 600mg #120 with 3 refills is not medically necessary.

**Cervical collar refill narrow medium miscellaneous 1 #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 175.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acute & Chronic, Cervical Collar.

**Decision rationale:** The requested cervical collar refill narrow medium miscellaneous 1 #3, is not medically necessary. CA MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Cervical Collar, note "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion." The injured worker has unchanged pain levels since previous visit. His function was unchanged. Exam noted neck tenderness, resisted range of motion in all planes, and positive Spurling's sign to both shoulders. The treating physician has not documented current acute post-fusion status. The criteria noted above not having been met, cervical collar refill narrow medium miscellaneous 1 #3 is not medically necessary.