

Case Number:	CM15-0172174		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2010
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: Connecticut, California, Virginia
 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 46-year-old female who sustained an industrial injury on 07-26-2010. The injured worker was diagnosed with cervical degenerative disc disease, cervical spondylosis without myelopathy, cervicalgia, thoracic sprain, mild herniated thoracic disc displacement and headaches. According to the treating physician's progress report on August 11, 2015, the injured worker continues to experience right sided neck radiating to the scapula and mid to right side thoracic pain rated at 7 out of 10 without medications and 2 out of 10 on the pain scale with medications. Functional improvement with medications was noted as working full time, care of her home, children and exercising. Examination of the cervical spine demonstrated tenderness in the paracervical muscles and facets more on the right in the mid and lower area. Range of motion was noted as "fairly full but decreased on left rotation". The thoracic spine examination noted tenderness in the mid thoracic area at T5 through T7 with full range of motion. Sensation, motor strength and deep tendon reflexes of the bilateral upper extremities were within normal limits. Spurling's, Hoffmann and clonus were negative. Normal heel to toe gait was present. Prior treatments documented to date have included diagnostic testing, cervical epidural steroid injection without benefit and T6-T7 interlaminar epidural steroid injection on December 30, 2014 with greater than 50% relief, physical therapy, home exercise program and medications. Current medications were listed as Norco, Flector Patch and Flexeril. Treatment plan consists of scheduling the recently authorized T6-T7 interlaminar epidural steroid injection, no Flector patches and 2 prescriptions for Norco 10mg-325mg and 7.5mg-325mg #10 for private insurance. The Utilization Review determined the request for Norco 10mg-325mg #20 was not medically

necessary on 08-19-2015 since the injured worker should have been weaned completely from the medication since December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably facilitated appropriate weaning previously. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment in light of what should have been prior completed weaning, the request for Norco is not considered medically necessary.