

Case Number:	CM15-0173370		
Date Assigned:	09/15/2015	Date of Injury:	07/30/2014
Decision Date:	10/15/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65-year-old male, who sustained an industrial injury on July 30, 2014, incurring upper and lower back and neck injuries. He was diagnosed with cervical disc disease, cervical stenosis, cervical radiculopathy, and a lumbar strain. X-rays of the cervical spine revealed severe disc space narrowing and cervical listhesis. Magnetic Resonance Imaging of the cervical spine showed severe stenosis with spinal cord compression, and disc degeneration. Treatment included physical therapy and home exercise program, pain medications, anti-inflammatory drugs, topical heat wraps, facet blocks, physical therapy, and activity restrictions. He underwent a cervical spine fusion on March 19, 2015. Currently, the injured worker complained of neck stiffness, pain, and numbness radiating into the left forearm and hands. He noted difficulty with driving, lifting, writing, grasping and activities of daily living. He rated his pain 2-3 out of 10 with medications, which increased to 4-6 out of 10 without pain medications. The treatment plan that was requested for authorization on September 2, 2015, included cervical facet blocks and a prescription for Norco with no refills. On September 1, 2015, utilization review denied the request for cervical facet blocks and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks, bilateral, at cervical C5-C6 and C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 26.

Decision rationale: In this case, there is mention of cord compression on MRI; however, the claimant does not have radicular symptoms. The claimant had prior radiculopathy and underwent cervical fusion in 3/19/15. The blocks are appropriate in those without any evidence of radiculopathy and have not tolerated conservative management. They are not indicated in those who have undergone fusion. The blocks only provide short-term benefit. In this case, the claimant's pain was well controlled on Norco as mentioned on the progress note on 8/25/15. The request for cervical facet blocks is not medically necessary.

Norco 10/325 mg, thirty count with no refills: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Although, there was good pain control recently, there was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The chronic use of Norco is not medically necessary.