

Case Number:	CM15-0092405		
Date Assigned:	05/18/2015	Date of Injury:	04/16/2003
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial injury on 4/16/03. He reported injuries to his neck, shoulders and upper/lower extremities following a slip and fall. The injured worker was diagnosed as having psuedoarthrosis C6-7, gastroesophageal reflux disease, depression , status post C6-7 anterior cervical discectomy and fusion with cage instrumentation, chronic narcotic tolerance, chronic intractable pain, new onset of post-operative left cervical radiculopathy, left shoulder impingement syndrome, right middle finger trigger finger, balance disorder, closed head injury with chronic headaches, status post left knee arthroscopy and medial meniscectomy, status post C3-6 anterior cervical discectomy and fusion, status right knee surgery and status post C6-7 anterior cervical discectomy and fusion with cage instrumentation. Treatment to date has included anterior fusion of C3, 4 and 5, posterior fixation of C5-6, pain management, oral medications including Norco, physical therapy and a home exercise program. Cervical spine x-rays performed on 12/26/14 revealed anterior and posterior fixation with all hardware in good position and alignment is good. Currently, the injured worker complains of neck pain with radiation down the bilateral upper extremities to the wrist rated 10/10, he also complains of headaches and ringing in the ears. Physical exam noted tenderness to palpation over the paracervical muscles, base of the neck, base of the skull, over the trapezius musculature bilaterally and over the intrascapular space. A request for authorization was submitted for Norco, Hyslingla, follow up appointment and second opinion with an ENT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 80mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in April 2003 and continues to be treated for chronic radiating neck pain. When seen, pain was rated at 10/10 without medications and 9.5/10 with medications. Norco was being prescribed. There was cervical spine tenderness with positive Spurling's testing. Hysingla and Norco were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Hysingla (extended release hydrocodone) is a sustained release formulation and would be used to treat baseline pain, which is present in this case. It was being requested as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and there was poor pain control with immediate release hydrocodone. The total MED (morphine equivalent dose) was 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Hysingla was medically necessary.

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in April 2003 and continues to be treated for chronic radiating neck pain. When seen, pain was rated at 10/10 without medications and 9.5/10 with medications. Norco was being prescribed. There was cervical spine tenderness with positive Spurling's testing. Hysingla and Norco were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. Although there was poor pain control, the claimant's medications were being converted to a sustained release formulation. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.

