

Case Number:	CM13-0031054		
Date Assigned:	12/04/2013	Date of Injury:	01/30/2008
Decision Date:	02/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old female who reported an injury on 01/30/2008. The patient is currently diagnosed with a cervical spine sprain. The patient was seen by [REDACTED] on 12/03/2013. The patient reported 7/10 pain with activity limitations. Physical examination revealed tenderness to palpation over the C2-6 facet capsules, myofascial pain with triggering, positive Spurling's maneuver and findings indicative of thoracic outlet syndrome. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient reports 7/10 pain with activity limitations. The patient's physical examination did not reveal any significant changes that would indicate functional improvement. It is noted on 12/03/2013 by [REDACTED] that the patient's condition had markedly worsened from prior evaluations. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.