

Case Number:	CM13-0038861		
Date Assigned:	12/18/2013	Date of Injury:	07/15/2012
Decision Date:	02/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/01/2013

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 PM&R, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 progress report dated 05/20/2013 by [REDACTED] indicates that the patient's diagnoses include: lumbar spine sprain/strain, lumbar spine muscle spasms, lumbar spine radiculopathy, cervical spine sprain/strain, cervical spine muscle spasms, cervical spine disk disease, right shoulder sprain/strain, right shoulder impingement syndrome. The patient continues with 8/10 pain in the neck, shoulder, lower back, and mid back. The patient's exam findings indicated decreased range of motion of the right shoulder with impingement sign being positive. Exam of the lumbar spine showed tenderness of the paraspinal muscles, positive Kemp test on the right, and positive straight leg raise on the right as well as the left. The patient was continued on Norco 10/325 mg for management of pain. Utilization review letter dated 09/09/2013 is denying the request for Norco due to lack of documentation of functional improvement reported. ♦

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): s 88-89.

Decision rationale: The patient continues chronic pain of the neck, low back, and right shoulder, which has been rated at an 8/10. I reviewed 7 progress reports dated between 01/21/2013 and 06/01/2013. In these reports, there were no documentations of level of pain reduction due to narcotic use, as well as no documentation of side effects or functional improvement gained from this medication. MTUS page 88 and 89 regarding long-term use of opioids requires that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. None of the reports reviewed contained this information. Therefore, recommendation is for denial.