

Case Number:	CM14-0000990		
Date Assigned:	01/22/2014	Date of Injury:	10/07/2005
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 63-year-old female who reported an injury on 10/07/2005. The mechanism of injury was not stated. Current diagnoses include cervical myoligamentous injury with radicular symptoms, lumbar myoligamentous injury with radicular symptoms and facet arthropathy, right shoulder impingement syndrome, right knee arthroscopic meniscus repair, medication-induced gastritis, and opiate dependency. The injured worker was evaluated on 10/04/2013. The patient has been previously treated with epidural steroid injections, multiple medications, and a detoxification program. Current medications include Norco 10/325 mg. Physical examination revealed tenderness to palpation of the cervical spine, decreased range of motion, tenderness to palpation of bilateral shoulders, decreased sensation along the lateral posterior arm and lateral forearm, 5/5 motor testing in bilateral upper extremities, tenderness to palpation of the lumbar spine, decreased lumbar range of motion, decreased sensation along the posterolateral thigh and posterior calf bilaterally, and 1+ deep tendon reflexes at the ankles bilaterally. Treatment recommendations at that time included continuation of current medication.

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 Chronic Pain Treatment Guidelines Page(s): 81.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 07/2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.