

Case Number:	CM14-0107480		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2005
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain Management, and is licensed to practice in 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 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 58-year-old injured on June 8, 2005 due to undisclosed mechanism of injury. Diagnoses included lumbar strain with bilateral lumbar radiculitis, cervical strain with intermittent radicular symptoms, bilateral shoulder pain, bilateral knee pain, secondary depression and anxiety due to chronic pain, and stomach upset. Clinical note dated 06/10/14 indicated the injured worker presented complaining of low back pain radiating to posterolateral thigh and calf, neck pain radiating to bilateral shoulders, bilateral knee pain, bilateral shoulder pain, depression and anxiety, and stomach upset due to pain medication. The injured worker reported lumbar spine cervical spine discomfort 6/10, left greater than right with lower extremities radiculopathy and bilateral shoulder discomfort rated 3/10, right greater than left. Physical examination revealed mood and affect mildly depressed, normal gait, mild spasm of the paracervical muscles, decreased active range of motion cervical spine, negative Spurling sign, decreased lumbar spine range of motion, positive straight leg raise bilaterally, and negative Lasegue test bilaterally. The injured worker was injured as a result of a trip and fall over pallet jack landing on knees and arms. Treatment recommendations included decreased Norco total to 60 per month, continued naproxen, Neurontin, omeprazole, Flexeril and Zoloft. The initial request for Norco 10-325mg #60 was non-certified on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 mg sixty count cannot be established at this time. Therefore, the request for Norco 10/325 mg sixty count is not medically necessary or appropriate.