

Case Number:	CM14-0010239		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 69 year old female injured on 02/23/13 while walking down a staircase she fell and injured her left shoulder and head. The injured worker reported neck pain radiating into bilateral shoulders rated 5/10 with weakness and low back pain radiating into the right leg graded 5-6/10. Current diagnoses included lumbar myoligamentous injury with right lower extremity radicular symptoms, cervical spine myoligamentous injury with associated cervicogenic headaches, and traumatic brain injury with right medial occipital condyle fracture, post-concussive syndrome disequilibrium, and possible medication induced gastritis. The injured worker was treated post-injury with trigger point injections and medication management. Clinical documentation dated 12/18/13 indicated the injured worker rated her low back pain at 5/10 radiating to right lower extremity affecting both mobility and activity tolerance. The injured worker also continued to complain of neck pain with associated cervicogenic headaches. Trigger point injections provided two weeks relief. Clinical documentation dated 01/21/14 indicated the injured worker continued to complain of neck pain and low back pain. The initial request for Norco 10/325mg #60 twice daily (two units) was initially non-certified on 01/14/14 and modified for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60 BID (TWO UNITS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE, 76-80

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

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, injured workers 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. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. 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 #60 bid (two units) cannot be established at this time.