

Case Number:	CM14-0010759		
Date Assigned:	02/21/2014	Date of Injury:	01/26/2012
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
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 and is licensed to practice in Massachusetts, New Jersey, Connecticut 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 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 48-year-old female injured on 01/26/12 when she noted pain after carrying and holding a leading edge, she felt a sudden onset of neck pain. The current diagnoses include cervical/thoracic/lumbar sprain/strain, bilateral shoulder sprain/strain, rule out internal derangement, gastrointestinal upset, sleep disturbance, and stress/anxiety/depression. Previous treatments include medication management, activity modification, physical therapy, chiropractic therapy, and acupuncture. The clinical note dated 12/18/13 indicates the injured worker reported increased pain in the cervical and lumbar spine. The injured worker also reported a Cortisone injection to bilateral shoulders received on 12/10/13 provided mild improvement with pain. It was also noted the injured worker reported Norco 10/325 three times daily was not helpful for cervical and lumbar spine pain. The initial request for Norco 10/325mg was non-certified on 12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

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

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

Decision rationale: As noted in 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. The clinical documentation indicates the patient reported the medication was not helpful in treating her cervical and lumbar spine pain indicating a lack of medication efficacy. 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 10/325mg cannot be established at this time.