

Case Number:	CM14-0011592		
Date Assigned:	02/21/2014	Date of Injury:	01/09/2006
Decision Date:	07/21/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/29/2014

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:

1/24/14 Progress note described an aggravation of her left neck pain and left upper extremity radicular pain. Pain levels are 8/10. Current medications include Vicodin 5/500 mg bid, prn for pain and Norco 5/325 mg bid prn for pain. Clinically, there was reduced range of motion with spasms; positive Spurlings bilaterally; and positive nerve root tension signs were positive on the left and negative on the right. Strength was full except for 4+/5 in the left biceps, left pronator teres, and left wrist extensors. Treatment plan discussed an appeal for #10 Norco, as it meets MTUS guidelines, is only a small dose of Norco (#60), which provides 50% pain relief and is consistent with UDS. Pain contract was up to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79-81.

Decision rationale: It was noted that on the regimen of 60 Norco, the patient has greater than 50% pain relief; is compliant with a consistent UDS; and has an updated pain contract. CA

MTUS recommend ongoing opioid medication management to include documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior; as well as documentation of compliance. This has been demonstrated thus, the request is medically necessary.