

Case Number:	CM14-0132369		
Date Assigned:	08/22/2014	Date of Injury:	10/13/2003
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 69-year-old female who reported an injury on 10/13/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 08/25/2014 indicated diagnoses of cervicalgia, myofascial pain syndrome, and cervical radiculopathy. The injured worker reported neck pain that radiated to the upper back, shoulders, and arm. The injured worker characterized the pain as moderate in intensity, severe. The injured worker reported the pain was aggravated by housework. The injured worker reported muscle knots. The unofficial nerve conduction study revealed evidence of radiculopathy. The injured worker reported her symptoms did improve after having the nerve conduction study. The injured worker's symptoms included headache, neck stiffness, itchy, and pinched nerve on the left lower back. The injured worker reported neck pain with walking and experiencing popping of the neck intermittently with neck movement. The injured worker reported difficulty opening jars and cans due to grip weakness and increased weakness. The injured worker reported numbness and increased pain. The injured worker reported her pain 6/10. On physical examination, the injured worker's blood pressure was 144/70; pulse was 72, respirations 16. The injured worker's treatment plan included follow-up in 1 month. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco and naproxen. The provider submitted a request for Norco. A Request for Authorization dated 08/08/2014 was submitted for Norco. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Acetaminophen) 5/325mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco is not medically necessary.