

Case Number:	CM14-0165846		
Date Assigned:	10/10/2014	Date of Injury:	07/04/2011
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 57 year old female who sustained an injury on July 04, 2011. The employee was assisting the client through the front door and he lost his balance and fell against the worker, knocking her into the wall injuring her upper back. The diagnoses were displacement of thoracic or lumbar inter vertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, spasm of muscle, sacroiliitis, pain in joint involving shoulder region, disorders of bursae and tendons in shoulder region, unspecified. Her prior treatment included facet joint injection, radiofrequency ablation, medications including Naprosyn, Norco and Flexeril. The most recent clinical notes were from 06/16/14. Her subjective complaints included back pain and spasms worse on the upper left back, which was interfering with her ability to function. She was taking Norco TID and Naprosyn BID. She was noted to have tenderness in her lumbar spine. The plan of care included refilling Norco 10/325mg TID and Naprosyn BID. She was started on Flexeril. Her follow-up was planned in one month. The request was for follow up visits #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Follow-up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The employee was being treated for low back pain and shoulder pain. Her treatment included Naprosyn and Norco. According to MTUS, Chronic Pain Medical treatment guidelines, the recommended frequency of visits while taking controlled substances is approximately every 2 weeks for the first 2 to 4 months and then every 1.5 months to 2 months. Given the ongoing need for monitoring and treatment of chronic pain with use of Norco, the 6 follow-up visits are medically necessary and appropriate.