

Case Number:	CM14-0184113		
Date Assigned:	11/12/2014	Date of Injury:	07/01/2009
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular 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 patient is a 44 year old female who had a work injury dated 7/1/09. The diagnoses include cervical stenosis, cervical disc degeneration, myofascial pain; cervical radiculopathy; lumbar degenerative disc disease; depression; insomnia; left foot fracture. Under consideration are requests for Norco 10/325mg #30. There is a 10/30/14 document that states that the patient continues with neck and low back pain. She continues Norco with no side effects and continued pain relief. She reports without Norco she cannot do her home exercise routine or go out in the community. On exam she appears uncomfortable while seated. She is alert and oriented. Gait is antalgic with forward flexed postures without foot drop. Cervical spine reveals decreased lordosis without asymmetry. The range of motion is limited in all planes. There is a right trapezius trigger point. A 10/22/13 EMG/NCS reveals a mild chronic right C5 and/or C6 radiculopathy. A cervical MRI reveals a diffuse disc bulge at C5-6 that mildly compresses the cervical cord right greater than left. There is uncovertebral joint hypertrophy that causes moderate right and mild left foraminal stenosis at C5-6. The treatment plan included continuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg #30 is not medically necessary.