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| Case Number: | CM14-0024037 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 12/29/2008 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 50-year-old female presenting with chronic pain following a work-related injury on December 29, 2009. The claimant was diagnosed with cervical radiculopathy, cervical facet syndrome and muscle spasm. On January 27, 2014 the claimant reported ongoing neck pain, right upper extremity pain and right shoulder pain. The pain level has increased subsequently to the prior visits. The claimant's medication include Flector patch 1.3%, iron 325 mg, Neurontin 300 mg, Prilosec DR 20 mg, Norco 10 for 325 mg 4 times a day as needed, Senokot-s, and said 1.5% solution, Voltaren 1% gel, Colace, prochlorperazine. The claimant underwent a right shoulder arthroscopic surgery on September 27, 2009 and manipulation under anesthesia on April 26, 2010. The claimant also participated in physical therapy and acupuncture. The physical exam revealed a decrease in shoulder range of motion, decreased sensation in the C5 dermatome. The claimant was diagnosed with cervical radiculopathy, cervical facet syndrome, shoulder pain, and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG 1 TAB QID #120: Upheld

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

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

Decision rationale: Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, Norco is not medically necessary.