

Case Number:	CM14-0027537		
Date Assigned:	06/13/2014	Date of Injury:	02/18/2003
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Rheumatology 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 55 year old female with date of injury 02/18/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck pain, left shoulder pain and back pain since the date of injury. She has been treated with physical therapy, acupuncture, corticosteroid injections and medications. MRI of the left shoulder performed in 08/2011 revealed mild tendinosis of the supraspinatus tendon. Objective: decreased range of motion of the cervical spine, decreased range of motion of the left shoulder, decreased range of motion of the lumbar spine. Diagnoses: chronic left shoulder pain, lumbar spine degenerative joint disease. Treatment plan and request: Norco, EMG of the left upper extremity and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, and criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old female has complained of chronic left shoulder pain, neck pain and lower back pain since the date of injury on 02/18/2003. She has been treated with physical therapy, acupuncture, corticosteroid injections and medications to include opiates since at least 02/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the California Medical Treatment Utilization Schedule (MTUS) section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

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Decision rationale: This 55 year old female has complained of chronic left shoulder pain, neck pain and lower back pain since the date of injury on 02/18/2003. She has been treated with physical therapy, acupuncture, corticosteroid injections and medications to include opiates since at least 02/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the California Medical Treatment Utilization Schedule (MTUS) section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

ONE ELECTROMYOGRAPHY (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 55 year old female has complained of chronic left shoulder pain, neck pain and lower back pain since the date of injury on 02/18/2003. She has been treated with physical therapy, acupuncture, corticosteroid injections and medications. The available medical records show a request for Electromyography (EMG) of the left upper extremity without any documented patient symptomatology, physical exam or rationale for the above requested testing. Per the California Medical Treatment Utilization Schedule (MTUS) guidelines cited above,

EMG testing in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, EMG of the left upper extremity is not indicated as medically necessary.

ONE MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 55 year old female has complained of chronic left shoulder pain, neck pain and lower back pain since the date of injury on 02/18/2003. She has been treated with physical therapy, acupuncture, corticosteroid injections and medications. The available medical records show a request for MRI of the cervical spine without any documented patient symptomatology, physical exam or rationale for the above requested testing. Per the California Medical Treatment Utilization Schedule (MTUS) guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, are not indicated. On the basis of this lack of documentation from the requesting provider, MRI of the cervical spine is not indicated as medically necessary.