

Case Number:	CM14-0031831		
Date Assigned:	04/30/2014	Date of Injury:	09/09/2013
Decision Date:	06/09/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine 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 patient is a 49 year old female who was injured on 09/09/2013 while working as a role player for [REDACTED]. She sustained injuries to her head, cervical spine and lumbar spine. Prior treatment history has included the following medications: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. A progress note dated 12/23/2013 documented the patient with complaints of headaches and the patient complains of sharp, radicular neck pain. Her pain is described as intermittent to constant, moderate to severe. The patient rates the pain as 6/10. The pain is aggravated by looking up, looking down, and side to side as well as repetitive motion of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. She also has complaints of sharp, radicular mid back pain. The patient rates the pain as 6/10 on a pain analog scale. Her pain is aggravated by prolonged positioning including sitting, standing, walking and bending. The patient states that the pain is alleviated with rest and activity restriction. Objective findings on examination of the head reveal good eye level is noted. Her pupils are equal and react to light and accommodation. Cranial nerve II-XII are intact. Examination of the cervical spine reveals tenderness to palpation along the paraspinal and trapezius muscles with spasms noted along the spinal scapula. Range of motion of the cervical spine shows extension 50 degrees, left and right rotation 60 degrees and left and right lateral flexion 30 degrees. Maximal foraminal compression test was positive bilaterally. Examination of the thoracic spine reveals tenderness to palpation along the paraspinal muscles. Range of motion of the thoracic spine shows flexion 30 degrees, extension 20 degrees, left and right rotation 60 degrees. Sensation to pinprick and light touch over the T1 through T12 bilaterally. The diagnoses include headaches, cervical spine strain/sprain, cervical disc displacement, thoracic spine sprain/strain and thoracic spine HNP r/o. The treatment plan was a TENS unit for home use and hot/cold unit, a course of physical therapy for the cervical spine and

thoracic spine 3 times a week for 6 weeks and shockwave therapy, that is, up to 6 treatments for each affected body part. PR-2 dated 02/12/2014 documented the patient with complaints of headaches, neck pain that is intermittent to constant, moderate to severe at 6/10 with numbness and tingling of the bilateral upper extremities. She also has mid back pain rated 6/10. The symptoms persist but medications do offer temporary relief of pain and improve her ability to have restful sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG #25: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids & Opioids, Criteria for Use.

Decision rationale: This is a request for Norco for a 49 year old female with DOI of 9/9/13 and diagnoses including cervical strain, thoracic strain, and chronic pain. X-rays and CT were negative. The patient is not working. She is 4 months out from injury and not improving. She admitted to current crystal meth use and had a positive drug screen. She appeared sedated on a recent office visit. The treating provider discontinued narcotic prescriptions due to illicit drug use of violation of medical agreement. Guidelines do not recommend opioid use in this setting. Medical necessity is not established.