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| Case Number: | CM14-0041305 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/01/2013 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/04/2014 |
| 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 48-year-old male who was reportedly injured on October 1, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 3, 2014, indicated that there were ongoing complaints of cervical spine pain. Current medications include Norco and Topamax. The physical examination noted cervical spine paraspinal tenderness, spasms, and guarding. There was a patchy sensory distribution of the bilateral upper extremities. Diagnostic imaging noted decreased disk height at C5-C6. Previous treatment included chiropractic care and a home exercise program. A request had been made for Norco and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5 BID #60 MED 5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: There was no comment regarding side effects or aberrant behavior. A note from the primary treating physician dated April 14, 2014, stated that the injured employee's pain

level was 8/10 without medications and 6/10 with medications. It was also stated that Norco helped improve the injured employee's functional status, and that urine drug screens confirmed consistency with this medication's usage. Considering this, the current request for Norco 2.5 twice a day is medically necessary.