

Case Number:	CM14-0044278		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2012
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Illinois. 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 36 -year-old female who reported a work related injury on 10/12/12. The mechanism of injury was not stated for review. She complained of pain to her low back and neck. Per a clinical note dated 3/6/14, tenderness to palpation was noted to lumbar spine and suboccipital muscles. The injured worker had undergone urinalysis and cervical spine myelogram. She had complaints of cervical spine and lumbar spine pain that was the same since prior visit. Urinalysis dated 12/26/13 was positive for hydrocodone. The injured worker's diagnoses were lumbar radiculitis and neuritis and cervical radiculitis and neuritis. Previous treatments included chiropractic treatments and acupuncture. Medications included Norco 5/325mg. The current treatment plan included to refill the injured worker's Norco prescription. The injured worker underwent a functional capacity examination on 1/28/14 which stated that her physical abilities did not meet the job demands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 (unspecified frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: The injured worker has a history of cervical spine pain and lumbar spine pain. The California Chronic Pain Medical Treatment Guidelines for chronic pain recommend an ongoing review and documentation of the injured worker's pain relief, functional status, appropriate medication use, and side effects while taking opioids. There was no documentation of the injured worker's improved functioning and pain relief due to the use of Norco. The records reviewed did not reflect significant pain reduction despite medication use. There were no pain scales reported for the injured worker in which she noted her pain before and after taking medications. Guidelines state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain relief. There was no evidence given that the injured worker had returned to work and there was no documentation of the injured worker's improved functioning and pain relief to include objective functional improvements or an objective decrease in VAS due to the use of Norco. Therefore, the request is not medically necessary.