

Case Number:	CM14-0070320		
Date Assigned:	07/14/2014	Date of Injury:	08/04/2003
Decision Date:	11/06/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Management 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 injured worker is a 54 year-old-male with a date of injury on August 4, 2003. He is diagnosed with (a) cervicalgia and (b) cervical radiculopathy. His prior treatments included cervical spine surgery, cervical myelogram and a post-myelographic computed tomography scan. Per medical record dated April 4, 2014, the injured worker continued to complain of neck pain and reported increased pain in the left paracervical and trapezial muscles and headaches. On examination, he was noted with swelling over the left side of his posterolateral neck and tenderness and spasm over the left paracervical and trapezial muscles. Range of motion was decreased in all planes. Pain was also noted on the left side of his head, neck and face up to his ears and through the zygoma. Sensation to the third, fourth and fifth fingers and grip strength on the left were decreased. He was given Norco but was unable to gain relief. He reported improvement of his left-sided neck pain with a visual analog scale score of 5/10 on April 17, 2014. However, he continued to complain of intermittent radiation of paresthesias to the left hand and fingers. He was utilizing opiates, Lidoderm and ibuprofen. His Vicodin was increased to four times a day. Per medical record dated April 24, 2014, the injured worker continued to experience left-sided neck pain and hand numbness on April 24, 2014. No significant change was noted on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 for Weaning over 1-2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: Evidence-based guidelines state that there must be complete evaluation of treatment, comorbidity, and psychological condition prior to opioid weaning. There is no indication that the injured worker has completed the necessary evaluations to proceed with the recommended weaning process. Therefore, the medical necessity of the requested Norco 10/325 mg #90 for weaning is not established, and it is not considered medically necessary.