

Case Number:	CM14-0073568		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2013
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 records presented for review indicate that this 53-year-old female was reportedly injured on January 30, 2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of headaches radiating to the jaw as well as pain in her upper and lower extremities. The physical examination demonstrated tenderness to the cervical spine paraspinal muscles and decreased cervical spine range of motion. There were also tenderness to the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. Diagnostic imaging studies of the cervical spine revealed mild degenerative changes. An MRI of the lumbar spine demonstrated a Grade I anterolisthesis of L4 on L5 and a mild bilateral L3-L4 and right-sided L5-S1 neural foraminal narrowing. Previous treatment included lumbar spine epidural steroid injections and physical therapy. A request had been made for Norco, Terocin patches, and vitamin B12 and was non-certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Norco 10/325mg #60 (DOS: 3/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Retrospective: Vitamin B-12 IM (DOS: 3/4/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear and current evidence is insufficient to determine whether vitamin B is beneficial or harmful. Considering this, the request for vitamin B12 IM is not medically necessary.