

Case Number:	CM14-0077954		
Date Assigned:	07/18/2014	Date of Injury:	06/22/2010
Decision Date:	09/25/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal 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 injured worker is a 63 year old female who reported an injury to her neck. The clinical note dated 11/21/13 indicates the initial injury occurred on 06/22/10 when she had been struck in the head. The injured worker rated the pain as 8/10 at that time. Upon exam, the injured worker was able to demonstrate 50 degrees of cervical flexion. However, the injured worker reported a pulling sensation at the middle of the back with range of motion testing. The clinical note dated 04/03/14 indicates the injured worker able to demonstrate 40 degrees of cervical flexion with 20 degrees of pain-free motion. Weakness was identified throughout the cervical region. The injured worker did report multiple falls as well. The clinical note dated 05/14/14 indicates the injured worker reporting stable pain managed with the utilization of Norco and Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of norco 10/325 mg Qty (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

1 Prescription of Nabumetone 550mg Qty (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. No information was submitted confirming the effectiveness of this medication in reducing the patient's pain level. As such, the request for this medication cannot be established as medically necessary.