

Case Number:	CM14-0092848		
Date Assigned:	07/25/2014	Date of Injury:	04/28/2008
Decision Date:	09/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas. 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 female injured on 04/28/08 due to walking, carrying 30-40 pound objects, reaching, and repetitive hand use. Diagnoses included chronic sprain of the lumbar spine and cervical spine and arthroscopy of the right knee. Clinical note dated 07/08/14 indicated the injured worker presented complaining of cervical spine pain rated 6/10 radiating to bilateral shoulders. The injured worker complained of right should pain radiating to the right hand with numbness and tingling. The injured worker also complained of lumbar spine pain radiating to the right leg and right wrist pain rated 6/10 with associated numbness and tingling. Physical examination revealed cervical spine tenderness to palpation, normal range of motion, paraspinal spasm, positive cervical spine compression test, positive tenderness to palpation of lumbar spine, positive paraspinal spasm, straight leg raise positive to bilateral lower extremities, decreased dermatomal sensation bilateral L4-5 and right C7-8. Treatment plan included naproxen 500mg BID. Previous clinical documentation indicated use of Norco 10/325mg Q six to eight hours PRN pain. No additional clinical documentation regarding use of narcotic medications. The initial request for Norco 10/325mg #60 was non-certified on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: 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 Opioids
Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, 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. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. 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 Norco 10/325mg #60 cannot be established at this time.