

Case Number:	CM14-0131759		
Date Assigned:	08/20/2014	Date of Injury:	03/21/2012
Decision Date:	03/02/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male reportedly sustained a work related injury on March 21, 2012 due to a motor vehicle accident (MVA). Diagnoses include right shoulder surgery, left shoulder arthroscopic surgery and cervical and lumbar spondylosis. Magnetic resonance imaging (MRI) of cervical spine March 17, 2014 reveals spondylosis and stenosis. X-ray of lumbar spine March 17, 2014 shows mild spondylosis. Treatments include medication, physical therapy and epidural steroid injection. Orthopedic office visit dated June 5, 2014 provides the injured worker got corticosteroid injection in right shoulder without complications. Pain continues in cervical and lumbar spine and has headaches. Physical exam shows tenderness on palpation of low back and muscle spasms. Recommendation is for follow up neurosurgical consult. Follow up Orthopedic visit date July 28 notes evaluation and recommendation for surgical reconstruction due to spondylolisthesis and spinal stenosis that have been denied. The injured worker continues to be symptomatic. Impression is the injured worker is unnecessarily suffering due to denial of treatment. It is felt intervention for depression related to pain will be required. On July 31, 2014 utilization review modified a request dated July 25, 2014 for Norco 10/325 mg #90. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in function. Recent pain scale response to use of medication was not noted. In addition, there was no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.