

Case Number:	CM14-0187301		
Date Assigned:	11/17/2014	Date of Injury:	07/13/2005
Decision Date:	01/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, and is licensed to practice in Arizona & 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 49-year-old male who reported an injury on 07/13/2005. The mechanism of injury occurred when he was putting a chute on the back of a truck. He slipped and fell and injured both his shoulders and neck. His diagnoses included neck sprain and neck pain. His history included medications, MRI, and a urine drug screen. The injured worker had a urine drug screen on 10/09/2014 that was positive for opiate usage. The injured worker was evaluated on 10/09/2014, and it was documented that the injured worker complained of neck strain and increased pain when bending over, using laptop and watching TV on his couch caused increased spasm in posterior neck area, primarily on the right side. The objective findings included neck had increased spasms, stiffness on range of motion; weak grip strength; and pain on palpating along the anterior of both shoulders. There was stiffness with rotation and weak grip strength. The left shoulder, there were no changes. Pain palpating along the anterior aspects on both shoulders. Medications included nortriptyline 50 mg, baclofen 20 mg, Voltaren gel, Norco 10/325 mg, and Lunesta 3 mg. The Request for Authorization dated 10/09/2014, was for 1 prescription of Norco 10/325 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 1 prescription for Norco 10/325 mg, #90, is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The request failed to include frequency and duration of medication. As such the request for 1 prescription Norco 10/325 mg # 90 is not medically necessary.