MAXIMUS Federal Services

Case Number:	CM14-0189859		
Date Assigned:	11/21/2014	Date of Injury:	04/14/1998
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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:

This is a 47 year old female who sustained a work related injury on April 14, 1998 while working as a nurse. She sustained a backwards fall while lifting a wheelchair out of a car. The injured worker complained of all over the body bruising and right sided pain. Diagnostic testing at the time of injury revealed no fractures. Work status is permanent and stationary. Per Utilization Review documentation the injured worker underwent multiple surgeries including unspecified back surgery and spinal cord stimulator placement. A progress report dated October 1, 2014 notes that the injured workers current complaints are neck and bilateral arm pain and bilateral leg symptoms. The injured worker notes an increase in pain on the right side of the body and severe cramps of the feet and calves. Pain level is eight out of ten. She also complained of neck and bilateral upper extremity pain which was worse on the left side. Current medications include Ambien, Lidocaine Patches Lidoderm Cream, Oxycontin and Norco. Physical examination revealed diffuse weakness in the upper extremities and atrophy of the lower extremity leg extensors. The injured worker noted several falls due to the diffuse weakness and pain. To date the injured worker had received one session of acupuncture, physical therapy, aquatic therapy and the use of a spinal cord stimulator which helps relieve the left sided pain symptoms. The injured worker is not receiving physical therapy at the present time due to the facilities inability to do contrast baths. Diagnoses include reflex sympathetic dystrophy of the upper extremities, Complex Regional Pain Syndrome, global muscular dystrophy and chronic back pain. The treating physician requested Norco 10/325 mg # 90 for pain management. On November 4, 2014 Utilization Review evaluated and denied the request due to the lack of documentation of the injured workers response to the use of prior Norco and the measured degree of pain relief afforded. There was also no documented evidence of functional

improvement as related to the injured workers work duty. Therefore, the request for Norco 10/325 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco 10/325 mg #90 is not medically necessary.