

Case Number:	CM14-0192792		
Date Assigned:	11/26/2014	Date of Injury:	06/13/2013
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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. The expert reviewer is Board Certified in Family Practice 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 55 year old female claimant sustained a work injury on 6/13/13 involving the neck and back. She was diagnosed with cervical and thoracic strain. She had been on Norco for pain since the injury. She had undergone acupuncture, 6 sessions of chiropractic and Biofeedback therapy. A progress note on 9/19/13 indicated the claimant had left forearm numbness and right arm burning. The treating physician requested 12 sessions of chiropractic therapy and continuation of the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 2.5/325 BID PRN #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue Opioids Page(s): 80.

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, opioids are 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 has been on Norco for several months without noted improvement in function. Pain scores were not noted nor any controlled substance agreement. The request is not medically necessary.

Retrospective Chiropractic 2x6, Cervical and Thoracic Spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Medicine Page(s): 58.

Decision rationale: According to the guidelines, manual therapy is recommended for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for the low back. Most other cases are 6 visits with notation of objective improvement. In this case, there was no notation of improvement. The amount of total visits exceeds the guideline recommendations. The request is not medically necessary.