

Case Number:	CM14-0194011		
Date Assigned:	12/01/2014	Date of Injury:	03/22/2004
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Medicine and is licensed to practice in Florida. 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 58-year-old female who sustained a work related injury on March 22, 2004. The mechanism of injury was a fall in which she sustained trauma to the head, neck, back, shoulders and right upper extremity. A progress noted dated April 18, 2007 notes that past treatment has included pain management, an MRI, computed tomography scan, cervical epidural blocks, a neurosurgeon evaluation and physical therapy. The documentation also reveals the injured worker used a transcutaneous electrical nerve stimulation unit and participated in a home exercise program. The MRI report showed vertebral malalignment. Physical therapy was noted to have worsened her symptoms. Current documentation dated September 2, 2014 showed that the injured worker continued to have neck, bilateral shoulder pain and upper and lower back pain. She also reported numbness and tingling in both hands. Physical examination revealed tenderness to the bilateral temporomandibular joint and to the paracervical, paralumbar and parathoracic areas. Anteflexion of the head showed ten degrees of flexion and five degrees of extension. Cervical rotation was thirty degrees bilaterally. The right shoulder revealed five degrees of abduction, extension less than five degrees and flexion at five degrees. Tinel's test was negative in both wrists. Lumbar flexion and extension was noted to be decreased. Thoracic and lumbar muscle spasms were noted. Diagnoses include chronic cervical pain, cervical degenerative disc disease, chronic thoracic myofascial pain, chronic lumbar back pain, chronic bilateral shoulder tendonitis with an acute right rotator cuff tear and chronic bilateral carpal tunnel syndrome. The injured worker is not able to work. There is no documentation of the injured worker's activities of daily living or functional improvement with the treatment provided. The treating physician's plan of care included a prescription for Norco 10/325mg, # 180. Utilization Review evaluated and modified the request for the Norco 10/325mg, # 180 on October 28, 2014. Utilization Review modified the request for the medication Norco due to the

injured worker's activities of daily living had not changed significantly with the current analgesic regime. Per MTUS Guidelines chronic opioid therapy without significant functional improvement is not recommended. Therefore, the prescription was modified for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no documentation of functional improvement with the treatment provided. Therefore, this request for Norco is not considered medically necessary.