

Case Number:	CM14-0196810		
Date Assigned:	12/04/2014	Date of Injury:	04/22/1996
Decision Date:	01/22/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old female with a date of injury of 04/22/1996. According to treatment report dated 11/03/2014, the patient presents with increase in pain and discomfort in the cervical spine. The patient states that she has been out of medications, so she is feeling the increase in pain. The patient's current medication regimen includes tramadol, cyclobenzaprine, and Norco. The patient reports that the cervical spine and right shoulder pain "connects." The patient is requesting refill of medications. Examination findings noted Jamar right 10, 10, 14 and left 12, 12, 10. This is the extent of physical examination on this date. On 10/02/2014, the treating physician noted that the patient had epidural injections in the past and is utilizing medications as prescribed with "benefit." Current medications are Cyclobenzaprine and Tramadol. Examination findings noted "patient has signs and symptoms of radiculopathy, cervical C6, positive cervical compression test, range of motion (ROM) limitation CS." Work status is unnoted. The listed diagnoses are: 1. Cervicalgia. 2. Lumbago. 3. Pain in joint pelvis/thigh. 4. Pain in joint shoulder. This is a request for Norco 5/325 mg #60. The patient is permanent and stationary and remains off work. The utilization review denied the request on 11/15/2014. Treatment reports from 01/07/2014 through 11/03/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic neck pain. The current request is for Norco 5/325 mg #90. The California MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. California MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, recommendation for initiating a new opioid cannot be supported as there are no pain and functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." The requested Norco is not medically necessary.