MAXIMUS Federal Services

Case Number:	CM14-0197161		
Date Assigned:	12/05/2014	Date of Injury:	12/06/2002
Decision Date:	01/22/2015	UR Denial Date:	11/08/2014
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 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 is a 51 year old female who sustained a work related injury on December 6, 2002 while working as an office worker. The mechanism of injury occurred, while she was exercising on a leg press at the company's work out facility. The machine's pin came out and caused the injured worker to hit her head against the top of the machine, jarring her entire body. The injured worker complained of entire body pain. A physician's note dated July 16, 2014 notes that the injured worker received chiropractic care. The chiropractic care helped in the past, but her overall symptoms have increased. She also had an MRI twelve years prior which was noted to not have be a good image, due to the injured worker was wearing braces at the time. Another piece of documentation dated October 27, 2014 notes that the injured worker complained of severe neck pain with associated cramping and numbness into the bilateral upper extremities, greater on the left. The injured worker had one session of physical therapy which caused a severe flare-up of the neck pain. She was seen in the emergency department and administered Toradol and anti-nausea medication. She was then released to home. Current medications include Relafen, Prilosec, Neurontin and Norco. The Norco was noted to decrease the neck pain from a level of 10/10 to 8/10. Physical examination revealed significant restriction of range of motion of the cervical spine, twenty degrees flexion and ten degrees extension, right rotation forty-five degrees and left rotation twenty degrees. Motor testing revealed four-five/five strength shoulder abduction on the right and three/five on the left, resisted elbow flexion and extension. Sensation was decreased to light touch on the C6-C7 dermatome bilaterally, greater on the left. Diagnoses include chronic neck and upper extremity pain, chronic low back pain with radiating symptoms to lower extremities and chronic cervicogenic headaches. Work status is limited to sedentary work only. The treating physician requested a prescription of Norco 10/325 mg # 90. Utilization Review evaluated and denied the request for Norco on November 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient has chronic neck pain despite long-term opioid treatment with hydrocodone and acetaminophen. Opioids are not recommended in the long-term management of chronic musculoskeletal pain, especially when the documentation shows inadequate pain control and no signs of restoration of function. The documentation submitted states the level of pain is 8/10 with the Norco and there is no documentation that the patient demonstrates a significant benefit in return to functioning. Norco is not medically necessary.