

Case Number:	CM14-0201243		
Date Assigned:	12/11/2014	Date of Injury:	02/28/2014
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a woman with dates of injury of 7/26/12 - 2/28/14. She was seen by her primary treating physician on 10/23/14 and noted improvement in her neck and upper extremity pain with chiropractic treatment. She noted benefit from norco and gabapentin for pain and function. No side effects were reported. Her exam showed right cervical paraspinal tenderness but no spasm. Cervical spine range of motion was flexion to 35 degrees, extension to 40 degrees and rotation 50-60 degrees. She had 4/5 right upper extremity strength with tenderness over the AC joints and right biceps tendon and right elbow with mild swelling noted. She had decreased sensation in the right ulnar nerve distribution but had active and symmetric upper extremity reflexes. She also had bilateral thoracic paraspinal tenderness to palpation. Her diagnoses were cephalgia, cervical spine sprain/strain with C4-5 and C5-6 disc protrusion and stenosis and bilateral shoulder sprain/strain with left shoulder sprain/strain and right lateral epicondylitis. At issue in this review is the request to refill and continue norco. Length of prior prescription is not documented.

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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) (May 2009); Opioids Criteria for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: This injured worker has chronic neck, arm and shoulder pain with an injury sustained from 2012-2014. The medical course has included numerous treatment modalities and use of several medications including narcotics and Gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use. She is concurrently taking Gabapentin for neuropathic pain with a recent increase in the dose. The medical necessity of Norco is not substantiated in the records. Therefore, this request is not medically necessary.