MAXIMUS Federal Services

Case Number:	CM15-0005685		
Date Assigned:	01/26/2015	Date of Injury:	11/28/2011
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 56 year old male, who sustained an industrial injury on 11/28/2011, when he lifted a container of food at the workplace. The injured worker has complaints of neck pain radiating to the upper extremities with numbness and tingling; constant low back pain radiating to the lower extremities and constant left shoulder pain. Physical examination showed spasms and tenderness of the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension and decreased sensation with pain noted in L3, L4 and L5-S1 right dermatomal distributions. The diagnoses have included neck sprain/strain; brachial neuritis or radiculitis; lumbar radiculopathy and bilateral shoulder partial rotator cuff tear.According to the utilization review performed on 12/30/2014, the requested prescription of Norco 10/325mg #60 has been non-certified and the requested prescription of Omeprazole 20mg #60has been certified. ACEOM Guidelines, chapter 12 (Low Back Complaints) (2204), page 308, Chapter 11 (Forearm, Wrist and Hand Complaints) (2009), page 151 and CA Chronic Pain Medical Treatment Guidelines were used.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain radiating to the upper extremities with numbness and tingling; constant low back pain radiating to the lower extremities and constant left shoulder pain. The treating physician has documented spasms and tenderness of the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension and decreased sensation with pain noted in L3, L4 and L5-S1 right dermatomal distributions. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment; objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening.The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.