

Case Number:	CM15-0008045		
Date Assigned:	01/23/2015	Date of Injury:	07/10/2009
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 77 year old male, who sustained an industrial injury on 7/10/2009. The diagnoses have included cervical spine strain and left shoulder pain. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of neck pain with radiation down his left arm. A detailed physical examination was not noted, but was "unchanged". The current medication list was not documented. The progress report, dated 8/08/2014, noted his neck was stiff in all planes and range of motion caused increased pain. The progress report, dated 5/23/2014, noted a complaint of neck and shoulder pain. He had limited range of motion of his neck and his shoulder motion was "not great". Norco was noted in use at the time. The Qualified Medical Evaluation report, dated 12/19/2014, referenced magnetic resonance imaging of the cervical spine from 9/2012 as showing multilevel cervical spondylitis, moderate to severe bilateral neural foraminal stenosis at C3-C6. An electromyogram/nerve conduction study (September 2012) was referenced as abnormal and consistent with C5-C6 radiculopathy. On 12/31/2014, Utilization Review non-certified a request for Norco 10/325mg #120, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg #120 is not medically necessary.