MAXIMUS Federal Services

Case Number:	CM15-0008715		
Date Assigned:	01/26/2015	Date of Injury:	11/12/1998
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old male, who sustained an industrial injury on 11/12/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with head pain, cervical spine discogenic disease, chronic back pain syndrome, lumbar spine musculoligamentous strain/sprain, lumbar spine discogenic disease, right shoulder strain/sprain with tendinitis, and rule out right shoulder rotator cuff tear. Treatment to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, physical therapy to the cervical spine and lumbar spine, urine toxicology, and an oral medication regimen. Currently, the injured worker complains of pain in the neck, lower back, and right shoulder/arm that was rated a three on the scale of zero to ten. The treating physician requested Norco 10/325mg with a quantity of 60, but the documentation provided did not indicate the reason for the requested medication. On 12/19/2014 Utilization Review modified the request for Norco 10/325mg with a quantity of 60 to Norco 10/325mg with a quantity of 49, noting the California Medical Treatment Utilization Schedule, Chronic Pain Treatment Guidelines, pages 94 to 95.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 - 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1998. The medical course has included numerous treatment modalities and use of several medications including narcotics. Per the guidelines, in opiod 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 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to norco to justify use per the guidelines. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.