

Case Number:	CM15-0109312		
Date Assigned:	06/16/2015	Date of Injury:	08/26/2013
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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 53 year old male who sustained an industrial injury on 08/26/2013. Current diagnosis includes cervical radiculitis. Previous treatments included medications and physical therapy. Previous diagnostic studies include a cervical spine MRI. Report dated 04/15/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was 8 out of 10 on a visual analog scale (VAS) with medications. Current medications include ibuprofen, Baclofen, Norco, and Lisinopril. Physical examination was positive for asymmetry or abnormal curvature of the cervical spine, restricted range of motion due to pain, hypertonicity, tenderness and trigger point, Spurling's maneuver causes pain with radiation to the upper extremity, and decreased sensation over the medial forearm on the right. The treatment plan included pain management consultation has been completed, EMG/NCS has been approved and scheduled, consider interventional procedures and cervical epidural steroid injection, upcoming QME, and refilled medications which included Norco and ibuprofen. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 tab po TID #75 (MED 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-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325 mg 1 tab po TID #75 (MED 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. Pain level was 8 out of 10 on a visual analog scale (VAS) with medications. Current medications include ibuprofen, Baclofen, Norco, and Lisinopril. Physical examination was positive for asymmetry or abnormal curvature of the cervical spine, restricted range of motion due to pain, hypertonicity, tenderness and trigger point, Spurling's maneuver causes pain with radiation to the upper extremity, and decreased sensation over the medial forearm on the right. 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 10/325 mg 1 tab po TID #75 (MED 60) is not medically necessary.