

Case Number:	CM15-0133282		
Date Assigned:	07/21/2015	Date of Injury:	07/21/2008
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained an industrial injury on 7/21/08. She subsequently reported neck pain. Diagnoses include brachial neuritis or radiculitis not otherwise specified, shoulder impingement and lumbar radiculopathy. Treatments to date include prescription pain medications. The injured worker continues to experience headaches and neck pain. Upon examination, tenderness and spasm is present in the lumbar paravertebral area and range of motion is restricted. Straight leg raising is positive bilaterally. The right elbow medial aspect is tender to palpation. Examination of the cervical spine reveals significantly reduced range of motion and Spurling's is positive on the right. The right anterior shoulder is tender to palpation, range of motion is decreased and impingement sign is positive. A request for Norco 10/325 mg #120 and multidisciplinary pain program was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: Opioids: Opioids /Ongoing Management MTUS pages 78 MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Multidisciplinary Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

Decision rationale: MTUS recommends a multidisciplinary pain program only when detailed criteria have been met, including an interdisciplinary evaluation to suggest goals and confirm that guidelines have been met. Such an FRP evaluation is not noted in this case, nor is this request specific as to the frequency/duration of a proposed multidisciplinary pain program or the goals of such a program. Thus the request is not medically necessary.