

Case Number:	CM15-0134317		
Date Assigned:	07/24/2015	Date of Injury:	07/29/2010
Decision Date:	09/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 7/29/10. The injured worker was diagnosed as having cervical spine radiculopathy, cervicgia, neuralgia, insomnia, acid reflux and hypothyroidism. Treatment to date has included bilateral carpal tunnel release, NSAIDS (non-steroidal anti-inflammatory drugs), opiates including Hydrocodone-Acetaminophen 5/325mg, steroids, muscle relaxants and epidural blocks. Currently on 6/3/15, the injured worker complains of upper extremity radicular pain, greater on the right than the left and would like to discuss a spinal cord stimulator. Physical exam performed on 6/3/15 revealed restricted range of motion of cervical spine, cervical paraspinal tenderness on left, positive foraminal closure test on right and pain in C6-8 distribution right greater than left. The treatment plan included a spinal cord stimulator and a request for Norco 5/325mg #60. A request for authorization was submitted for Norco 10/325mg on 6/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: CA MTUS Guidelines state that opioids have been suggested for chronic pain that has not responded to first-line agents (antidepressants, anticonvulsants). Long-term opioids should demonstrate significant pain reduction, improvement in functional capacity, and discussion of side effects and aberrant behavior. In this case, none of the above criteria are satisfied according to the clinical documentation submitted. In addition, there is no documentation of urine drug screens to monitor the usage of opioids. Therefore, for the above reasons, this request is not medically necessary or appropriate.