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| Case Number: | CM15-0147445 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 01/12/2012 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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 62-year-old female, who sustained an industrial injury on January 12, 2012. Treatment to date has included lumbar and thoracic epidural steroid injection, diagnostic imaging, opioid medications, assistive devices, and anti-depressants. Currently, the injured worker complains of stiffness and pain of the cervical spine with movement. She rates her pain a 1 on a 10-point scale and describes the pain as aching, burning, deep, pressure, radiating, sore, stiff, with shooting down the arms and fingers. She has associated numbness in the fingertips. The injured worker notes that her cervical pain is aggravated with turning of the neck to the right and left. She reports rib pain and describes her rib pain as cramping and twisting pain. She has back stiffness and pain with associated radiation of pain into the bilateral lower extremities. She describes her back pain as aching, worsening and spasm. Her back pain is worsened with extension, flexion, hip extension, hip flexion and hip rotation. She reports that she is experiencing stiffness, swelling and tenderness of soft tissue as well. The soft tissue symptoms are all over her body and she describes this pain as aching, burning and shooting pain. She reports that her medications give her substantial benefits. On physical examination, the injured worker has normal muscle strength. She has pain with palpation over the cervical facet capsules with myofascial pain and triggering. She has pain with range of motion. She reports thoracic pain with Valsalva movement and has tenderness to palpation over the thoracic spine. She reports restricted respiratory effort over the thoracic spine due to pain and has myofascial pain with triggering. The diagnoses associated with the request include cervical pain and contusion of the rib. The treatment plan includes x-ray of the ribs, cognitive behavioral therapy, Cymbalta, Norco, Oxcarbazepine, Valium and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 3-6 tablets a day, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: 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 stiffness and pain of the cervical spine with movement. She rates her pain a 1 on a 10-point scale and describes the pain as aching, burning, deep, pressure, radiating, sore, stiff, with shooting down the arms and fingers. She has associated numbness in the fingertips. The injured worker notes that her cervical pain is aggravated with turning of the neck to the right and left. She reports rib pain and describes her rib pain as cramping and twisting pain. She has back stiffness and pain with associated radiation of pain into the bilateral lower extremities. She describes her back pain as aching, worsening and spasm. Her back pain is worsened with extension, flexion, hip extension, hip flexion and hip rotation. She reports that she is experiencing stiffness, swelling and tenderness of soft tissue as well. The soft tissue symptoms are all over her body and she describes this pain as aching, burning and shooting pain. She reports that her medications give her substantial benefits. On physical examination the injured worker has normal muscle strength. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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 10/325mg 3-6 tablets a day, #180 is not medically necessary.