

Case Number:	CM15-0162561		
Date Assigned:	08/28/2015	Date of Injury:	11/26/2010
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This is a 48-year-old female who sustained an industrial injury on 11-26-2010. Diagnoses include thoracic spondylosis without myelopathy; degeneration of cervical intervertebral disc; chronic pain syndrome; myositis; and cervicalgia. Treatment to date has included medications, cervical epidural steroid injection, heat, stretching, physical therapy and activity modification. According to the progress report dated 6-19-2015, the IW (injured worker) reported chronic neck and arm pain, worse on the left. The pain was rated 8-9 out of 10 without medications and 6-7 out of 10 with them. Medications were listed as Motrin, Ultram, Cymbalta and Gabapentin; Prilosec had been denied. On examination, range of motion of the cervical spine was restricted 50% in flexion, 50% in extension due to pain, and 30% in rotation. The left posterior trapezius and levator scapula was tender to palpation with spasms. Spurling's maneuver was positive. Motor function was normal. Dysesthesia was present in the left shoulder, radiating to the fingers. The previous notes from this provider, dating back to 1-8-2015, support that the IW was taking Ultram and not Norco. The notes provided did not state this was a new prescription. A request was made for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86, 89.

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 10/325mg 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 chronic neck and arm pain, worse on the left. The pain was rated 8-9 out of 10 without medications and 6-7 out of 10 with them. Medications were listed as Motrin, Ultram, Cymbalta and Gabapentin; Prilosec had been denied. On examination, range of motion of the cervical spine was restricted 50% in flexion, 50% in extension due to pain, and 30% in rotation. The left posterior trapezius and levator scapula was tender to palpation with spasms. Spurling's maneuver was positive. Motor function was normal. Dysesthesia was present in the left shoulder, radiating to the fingers. The treating physician did not document the medical necessity for this opiate in addition to Ultram nor any functional improvement from any previous use. The criteria noted above not having been met, Norco 10/325mg is not medically necessary.