

Case Number:	CM15-0164485		
Date Assigned:	09/01/2015	Date of Injury:	06/16/2010
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female, who sustained an industrial injury on 06-16-2010 secondary to receiving blunt trauma to the right side of her upper back and thoracic region. On provider visit dated 07-15-2015 injured worker has reported right sided neck pain, upper back pain and right shoulder pain. On examination the cervical spine revealed tenderness to palpation over the right posterior cervical paraspinal muscles and over the right spinous process from possible levels at C5 through C7. The upper back was noted to have tenderness to palpation of the right trapezius, and right medial border of the scapula primarily at the superior aspect. Tenderness to palpation on the right thoracic region was noted and spinous process from the possible level at T4-T7 and right thoracic paraspinal regions at the same level. The diagnoses have included sprain-strain thoracic region, sprain and strain of neck, pain in thoracic spine, spasm muscle and chronic pain neck. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity. Treatment to date has included medications which include Norco. The provider requested Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on Norco without significant objective documentation of functional improvement therefore the request for continued Norco is not medically necessary.