

Case Number:	CM15-0166555		
Date Assigned:	09/04/2015	Date of Injury:	01/15/2015
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 24-year-old female with an industrial injury dated 01-15-2015. The injured worker's diagnoses include cervical spine radiculopathy, thoracic spine sprain and strain and lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05-20-2015, the injured worker reported constant neck pain with radiation to the bilateral upper extremities with numbness and tingling. The injured worker also reported mid back pain and low back pain radiating to the lower extremities with numbness and tingling in the legs. The injured worker rated neck pain a 7 out of 10, mid back pain a 9 out of 10 and low back pain a 7 out of 10. Objective findings revealed thoracic flexion of 10 degrees, and right and left rotation of 5 degrees. Lumbar spine exam revealed lumbar flexion of 15 degrees, lumbar extension of 5 degrees, right and left lateral rotation of 10 degrees. The treatment plan consisted of medication management, home exercise program and follow up visit. The treating physician prescribed Norco 5-325 mg Quantity: 45, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include; "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" It is noted that the injured worker complaints of constant neck pain radiating to the bilateral upper extremities with numbness and tingling. Neck pain was rated 7/10 in intensity, and constant mid back pain was rated 9/10. The medical records submitted for review do not indicate that the injured worker has failed treatment with non-opioid analgesics. The request is not medically necessary.