

Case Number:	CM15-0184414		
Date Assigned:	09/24/2015	Date of Injury:	06/29/2000
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Internal Medicine, Rheumatology

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 6-29-2000. A review of medical records indicates the injured worker is being treated for history of cervical sprain strain with severe spondylitic change per MRI, history of right shoulder girdle sprain strain with type II acromion with chronic tendinopathy per MRI, nonindustrial carpal tunnel releases bilaterally, history of left sided neck and shoulder girdle pain, and history of lower back injury. Medical report dated 8-6-2015 noted cramping in her neck. She noted she cannot function without pain medications and reports 50% reduction in pain and functional improvement with activities of daily living with medications versus not taking them at all. Physical examination noted neck range was limited in all planes. There was muscle spasm across the cervical paraspinal and cervical trapezius muscles on the right. Right shoulder exam revealed limited range. There was a positive impingement sign. Treatment has included myofascial therapy, home exercise program, and medications (Norco since at least 1-27-2015) RFA dated 8-6-2015 requested Norco. Utilization review form dated 8-18-2015 non-certified Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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: This 62 year old female has complained of cervical spine pain, right shoulder pain and wrist pain since date of injury 6/29/2000. She has been treated with surgery, physical therapy and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.