

Case Number:	CM15-0189608		
Date Assigned:	10/01/2015	Date of Injury:	10/03/2013
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old man sustained an industrial injury on 10-3-2013. Diagnoses include cervical spine sprain-strain with bilateral upper extremity symptoms, right shoulder sprain-strain, lumbar spine sprain-strain with bilateral lower extremity symptoms, and bilateral knee sprain-strain. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of headache (slightly improved), cervical spine pain rated 7 out of 10 with radiation to the right upper extremity, right shoulder pain rated 6 out of 10, low back pain rated 6 out of 10 with radiation to the bilateral lower extremities, bilateral knee pain rated 5 out of 10 with locking and giving way. Recommendations include chiropractic care, transforaminal epidural steroid injection, Norco, Prilosec, stop other medications, solar care FIR, and follow up in four weeks. Utilization Review denied requests for Norco and solar care FIR on 8-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR heating pad system for shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder -
Diathermy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: According to the guidelines, heat may be applied after the 1st few days of injury, in its considered an option for improving symptoms. Although, there is benefit, indefinite use is not justified and not considered a medical necessity. The request for purchase of a home solar care heat system is not medical necessity.

Norco 10/325 mg Qty 60 with 1 refill: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.