

Case Number:	CM15-0197627		
Date Assigned:	10/13/2015	Date of Injury:	12/06/2000
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female with an industrial injury date of 12-06-2000. Medical record review indicates she is being treated for cervical spondylosis without myelopathy, lumbosacral spondylosis and cervicobrachial syndrome. Subjective complaints (09-02-2015) included chronic neck and shoulder pain rated as 2-3 out of 10 with Norco and 6 out of 10 without Norco. The injured worker stated with Norco she was able to be functional around the house. The treating physician noted the injured worker tolerated the medications well and had shown compliance through urine toxicology screens and CURES reports. Work status is documented (09-02-2015) as "permanent and stationary." In the 07-15-2015 treatment note the treating physician documented the injured worker was on "temporary disability." Her medications included Dulcolax, Zolpidem, Buffered Aspirin, Soma, Ketamine cream, Diltiazem CD and Hydrocodone-Acetaminophen (since at least 12-17-2014). Prior medications included Zanaflex and Xanax. Prior treatments included epidural steroid injections and medications. Physical exam (09-02-2015) noted tenderness in the left paracervical and periscapular areas. Other findings included reduced range of motion of the neck, reduced range of motion of the left shoulder with active abduction to approximately 110 degree. Pain was noted with all movements including internal and external rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg qty 170 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary or substantiated in the records.