

<b>Case Number:</b>	CM15-0198885		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida  
 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:

The injured worker is a 38 year old female, who sustained an industrial injury on 6-6-14. She reported left foot pain. The injured worker was diagnosed as having cervical discogenic condition, right shoulder impingement syndrome, brachial plexus irritation on the right upper extremity, medial and lateral epicondylitis on the right, and discogenic lumbar condition. Treatment to date has included at least 12 physical therapy sessions, TENS, use of a back brace, and medication including Norco. Physical examination findings on 9-1-15 included tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets, and pain with facet loading. Tinel's, Phalen's, and reverse Phalen's tests were positive at the elbow and wrist. The injured worker had been taking Norco since at least February 2015. On 8-26-15, pain was rated as 10 of 10. On 9-1-15, the injured worker complained of pain in the right shoulder, left ankle, left hip, and neck. The treating physician requested authorization for a consultation for follow-up regarding back and neck for possible injections and Norco 10-325mg #90. On 9-10-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for follow-up regarding back and neck for possible injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 07/15/2015) - Online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary Online version 2015.

**Decision rationale:** This independent medical review is to determine the medical necessity of a follow up visit for possible neck and back injections. The medical records provided do not indicate that this patient has evidence of cervical, thoracic, or lumbar radiculopathy. No red flags are evident in the records. The ODG notes that follow-up office visits are recommended as determined to be medically necessary. Without additional documentation a follow up visit for possible neck and back injections is not medically necessary in this case.

**Norco 10/325mg #90:** Upheld

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

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

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.