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| Case Number: | CM15-0039613 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 11/06/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old male who reported an injury on 11/06/2013. The mechanism of injury was the injured worker was on the ground pulling on a large branch and tripped on a cone set up around a tree and struck his head on the ground. The injured worker underwent an MRI of the cervical spine. The documentation indicated the injured worker was utilizing opiates since at least 08/2014. The documentation of 01/09/2015 revealed the injured worker had subjective complaints of neck pain, pain in the right shoulder, right elbow, right wrist, and both arms. The injured worker was having neck pain and headaches. The injured worker was noted to have a concussion. The injured worker was requesting an injection. The diagnosis included discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, status post-concussion, right shoulder impingement, right rotator cuff strain, acromioclavicular joint inflammation, and biceps tendonitis. The injured worker additional had ulnar neuritis on the right, and had nerve conduction studies and an MRI of the lumbar spine. The treatment plan included Norco 10/325 mg for moderate to severe pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: The 4 A's for Ongoing Monitoring Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.