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| Case Number: | CM15-0043421 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 07/06/2010 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/28/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: California
 Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury on July 6, 2010. The injured worker was diagnosed with cervical radiculopathy, shoulder strain and lumbosacral strain. According to the primary treating physician's progress report on February 10, 2015, the injured worker continues to experience neck and left shoulder pain associated with headaches, weakness, difficulty sleeping, anxiety, numbness and tingling. Examination of the cervical spine documented limited range of motion with pain, palpable trigger points in the shoulder region and paresthesia to light touch in digits one to three bilaterally. Current treatment modalities that are beneficial are massage, exercise, transcutaneous electrical nerve stimulation (TEN's) unit and medications. The primary treating physician is requesting authorization for Norco.

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 Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation is appropriate. Documentation states that plan was to wean patient off opioids and has reported good function with decreasing dose of cymbalta and norco. Plan is appropriate but the number of tablets of this request is not consistent with plan for weaning. Prescription for norco is not medically necessary.