

Case Number:	CM15-0050527		
Date Assigned:	03/24/2015	Date of Injury:	02/20/2015
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female, who sustained an industrial injury on 2/25/06. The details of the initial injury were not submitted for this review. Diagnoses include cervical sprain/strain, lumbar sprain/strain, chronic right shoulder sprain/strain, anxiety and bilateral carpal tunnel syndrome versus cervical radiculopathy. Treatments Tramaol, Tylenol #3, physical therapy, and trigger point injections. Currently, they complained of pain in neck and low back. On 2/4/15, the physical examination documented positive tenderness to palpation with a positive cervical compression test and a positive lumbar Kemp's test. There was administration of trigger point cortisone injection on this date. The plan of care included Norco and topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 5/325mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 76-81.

Decision rationale: The injured worker sustained a work related injury on 2/20/06. The medical records provided indicate the diagnosis of cervical sprain/strain, lumbar sprain/strain, chronic right shoulder sprain/strain, anxiety and bilateral carpal tunnel syndrome versus cervical radiculopathy. Treatments: Tramaol, Tylenol #3, physical therapy, and trigger point injections. The medical records provided for review do not indicate a medical necessity for Norco (Hydrocodone 5/325mg) #90. The records indicate the injured worker has been using opioids for 08/2014; the records do not indicate why she is not being treated with NSAIDs or other oral pain medications. The MTUS recommends against the use of opioids longer than 70 days in the treatment of chronic pain due to lack of evidence of demonstrable efficacy beyond this period. Also, the MTUS states that trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Therefore, the request is not medically necessary.