

Case Number:	CM15-0052537		
Date Assigned:	03/26/2015	Date of Injury:	06/04/2012
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 06/04/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having discogenic cervical condition with radicular component, impingement syndrome of the right shoulder, right wrist joint inflammation, stenosing tenosynovitis of the right first extensor, left rotator cuff strain, left wrist joint inflammation, discogenic lumbar condition with radicular component of the lower extremity, depression, sleep disorder, and stress associated with chronic pain, and severe headaches. Treatment to date has included use of H-Wave unit, functional restoration program, medication regimen, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the shoulder, shoulder injection, magnetic resonance imaging of the brain, electromyogram, and use of heat, use of a transcutaneous electrical nerve stimulation unit, and use of ice. In a progress note dated 01/23/2015 the treating provider reports complaints of constant headaches, pain to the low back with a shooting pain to the bilateral lower extremities, and neck symptoms. The treating physician noted limited range of motion to the right lower back with tenderness to the lumbosacral area along with tenderness along the rotator cuff, facets of the neck, and along the trapezius muscle. The injured worker also has a positive impingement sign. The treating physician requested Norco 10mg with a quantity of 120, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10mg #120 is not medically necessary per the MTUS Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that prior to the functional restoration program the patient was on Norco. At that time, there was no evidence of functional improvement and the patient was not working and was on temporary disability the patient was restarted on Norco, as she did not find the Butrans patch that was attempted was helping her pain. The documentation dated 1/12/15 states that she was restarted on Norco. There continued to be no significant evidence of functional improvement or pain level on the self-rated outcome scale. The documentation is not clear on the rationale for restarting Norco. The request for Norco is not medically necessary.