

Case Number:	CM15-0056123		
Date Assigned:	04/01/2015	Date of Injury:	03/04/2005
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 53-year-old female, who sustained an industrial injury on March 4, 2005. The mechanism of injury is unknown. The injured worker was diagnosed as status post anterior cervical discectomy and partial corpectomy with interbody fusion C5-6 in 2007, right shoulder impingement syndrome and like tendinosis, lumbosacral sprain, left anterior thigh contusion/abrasion resolved, right upper extremity chronic regional pain syndrome and status post permanent implantation of cervical spinal cord stimulator in 2012. Treatment to date has included surgery, trigger point injections and medications. On January 28, 2015, the injured worker complained of severe pain and spasms in her neck and bilateral shoulders. There is also pain in her bilateral wrists and hands as well as in the thoracolumbar junction. She reported that her last trigger point injection helped significantly and her medications continue to be effective in reducing her pain to a tolerable level. The treatment plan included medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 PO Q 6 hrs PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Norco 10/325mg 1 PO Q 6 hrs PRN #120 is not medically necessary per the MTUS 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 submitted reveals that the patient has been on Norco without significant objective evidence of functional improvement or significant improvement in the level of pain. For this reason, the request for continued Norco is not medically necessary.