

Case Number:	CM15-0060802		
Date Assigned:	04/07/2015	Date of Injury:	02/01/2012
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 41 year old male sustained an industrial injury to the cervical spine on 2/1/12. Previous treatment included magnetic resonance imaging, electromyography, acupuncture and medications. In a PR-2 dated 3/13/15, the injured worker complained of continued constant neck pain with numbness and tingling of bilateral arms and hands. The injured worker reported having daily nausea with 2-3 episodes of vomiting per week due to pain. Physical exam was remarkable for cervical spine with tightness and tenderness to palpation of bilateral cervical spine paraspinal musculature and trapezius muscles. Current diagnoses included chronic neck pain, cervical spine radiculopathy, cervicogenic headaches and chronic pain syndrome. The treatment plan included medications (Cymbalta, Trazadone, Norco, topical NSAID/analgesic, Motrin, Topamax and Compazine), requesting authorization for physical therapy, a functional restoration program and cervical spine epidural steroid injections and awaiting a spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

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

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

Decision rationale: Norco 10/325 MG is not medically necessary per the MTUS Chronic 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 reveals that the patient has been on long term opioids without significant functional improvement. The documentation is not clear on a pain assessment as recommended the MTUS. Furthermore, there is no quantity specified on the request for Norco. For all of these reasons Norco is not medically necessary.