

Case Number:	CM15-0088299		
Date Assigned:	05/12/2015	Date of Injury:	11/11/2003
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 11/11/03. The diagnoses have included insomnia, depression, epicondylitis, tension headaches, cervical radiculopathy, irritable bowel syndrome, fibromyalgia, and insomnia secondary to pain. Treatment to date has included medications, diagnostics, and home exercise program (HEP). Currently, as per the physician progress note dated 4/1/15, the injured worker complains of increased pain in the cervical spine with radiation of pain to the arms. The pain is rated 10/10 on pain scale without medications and 7/10 with medications. It is noted by the physician that epidurals have been denied. The objective findings reveal decreased cervical spine range of motion. There were no other findings noted. The current medications included Viibryd, Celebrex, Lunesta, Omeprazole, and Norco. There were no diagnostic studies noted in the records. There was no urine drug screen noted. The physician requested treatment included Norco 10/325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence in functional improvement. There is also no evidence of a pain management contract being upheld, and no urine drug screen results are provided. Likewise, this request for Norco is not considered medically necessary.