

Case Number:	CM15-0099447		
Date Assigned:	11/12/2015	Date of Injury:	10/20/2013
Decision Date:	12/29/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: California, North Carolina
 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 48-year-old female who sustained an industrial injury on 10-20-2013. In the provider notes of 05-04-2015, the injured worker complains of pain in the bilateral upper extremities with numbness and tingling especially to the right #3-5 digits. He complains of recent loss of balance causing him to fall. On exam his cervical spine is tender to palpation bilaterally, has positive axial compression, and decreased active range of motion. He has 5-6 beats of clonus on his right lower extremity with 3-4 beats of clonus in his left lower extremity and a positive cross adductor reflex. His symptoms are constant and severe with numbness. He has a pending nerve conduction velocity-electromyogram of the right lower extremity, and a consultation request with a spine surgeon for consideration of a cervical spine decompression. He uses a transcutaneous electrical nerve stimulation (TENS) unit, and Norco is requested. There is absent documentation of the worker's pain levels with and without medication, his response to medication with onset, relief and duration, and any evidence of drug abuse or diversion. A request for authorization was submitted for Norco 10/325mg #120. A utilization review decision 05-14-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for Norco, an opioid analgesic indicated for moderate to severe pain. In this case, the date of injury was 10/20/2013 and the claimant complains of chronic neck and low back pain. The length of use of Norco is not provided. There is no evidence provided of benefit from Norco documented. There is no comparative data of pain relief before and after use of Norco. There is also no evidence of objective functional response due to Norco, and no details justifying the need for Norco. Therefore, based on the above, the request is not medically necessary or appropriate.