

Case Number:	CM14-0116307		
Date Assigned:	08/04/2014	Date of Injury:	01/26/2012
Decision Date:	10/09/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year-old male who reported a work related injury on 01/26/2012. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of chronic pain syndrome, narcotic dependency, cervical radiculitis, cervical sprain/strain, lumbar sprain/strain, and left shoulder impingement. The injured worker was treated with medication and palliative trigger point injections. An EMG/NCV study dated 04/23/2013 revealed active or chronic cervical motor radiculopathy and mild right median and ulnar sensory neuropathy, as well as severe left ulnar sensory neuropathy. A urine drug screen dated 03/17/2014 was consistent with prescribed medications. Upon examination on 06/23/2014 the injured worker complained of a new onset of numbness in arms, elbows, hands, and in the fifth digit bilaterally. He also stated he had increased pain into his neck. It was noted that the injured worker appeared to be in pain, moving slow, and to be in discomfort. He had diffuse spine tenderness through the mid thoracic region. There were two trigger points found in the mid thoracic spine which caused pain to radiate. The injured workers prescribed medications included Norco and Lyrica. The rationale for the request was chronic pain. The request for authorization form was submitted for review on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. In regards to the injured worker, the documentation provided does not provide evidence of significant pain relief and functional improvement as a result of continued opioid use. The injured worker has been prescribed Norco since 03/17/2014. It was noted that the injured worker complained of a new onset of numbness in arms, elbows, hands and in the fifth digit bilaterally. He also stated he had increased pain into his neck. However, to accurately determine whether the continuation of Norco is medically necessary, documentation clearly specifying significant pain relief, objective functional improvements, appropriate medication use, and side effects should be present. Therefore, the request for Norco 10/325 mg #45 is not medically necessary.