

Case Number:	CM14-0133517		
Date Assigned:	08/29/2014	Date of Injury:	01/30/2010
Decision Date:	10/09/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 a 37-year-old male who reported an injury on 01/30/2012 reportedly when a suspect lunging toward him attacked him. The injured worker was flung into the bay window of the lobby, hitting his head on the window trim, which caused his neck to compress, his chin hitting his chest in the process and he hyperflexed his neck. He immediately experienced a severe headache and pain in the neck. The injured worker's treatment history included CT scan of the head, MRI studies, TENS unit, medications, physical therapy, epidural steroid injections, and Botox injections into the neck to alleviate the migraine headaches. He was evaluated on 08/07/2014 and is documented that the injured worker has less cervical spine pain on the right side since his last exam. He recently had CESI for the first 8 to 9 days and after the CESI, he had increased migraines. Subsequently, the epidural had caused dramatic lessening of the pain in the mid to lower cervical spine. There was a segment which was still quite symptomatic. He stated that the provider wanted to repeat the epidural injection at the lower level, to reach the site where he still had significant pain. Physical examination revealed no list or tilt to the right or left in the cervical spine. Antalgic gait on the right side. C-spine was tender at C5-T1. Range of motion, flexion was 30 degrees, extension was 10 degrees. 2+ upper extremity reflexes bilaterally. No motor weakness in the upper extremity. The injured worker had good radial pulses. Diagnoses included cervical disc discopathy without myelopathy, lumbar disc discopathy without myelopathy, and brachial neuritis. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty: 80 plus 3 refills: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325 mg # 80 plus 3 refills is not medically necessary.