

Case Number:	CM14-0158330		
Date Assigned:	10/01/2014	Date of Injury:	11/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 38 year old male with date of injury 11/3/2013. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, hip pain, low back pain and bilateral lower extremity pain since the date of injury. He has been treated with chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. MRI of the cervical spine dated 03/2014 revealed congenital fusion of C2-3 with a hypoplastic disc remnant and a mild decrease in cervical lordosis. MRI of the lumbar spine dated 03/2014 showed mild disc disease at L5-S1. Electromyography (EMG) of the bilateral lower extremities performed in 05/2014 was normal. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the cervical, thoracic and lumbar paraspinal musculature, decreased and painful range of motion of the lumbar spine, decreased sensation in a C7 and S1 distribution. Diagnoses: lumbar and cervical spine sprain/strain, cervical and lumbar spine radiculopathy, thoracic spine sprain. Treatment plan and request: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 1-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89..

Decision rationale: This 38 year old male patient has complained of neck pain, hip pain, low back pain and bilateral lower extremity pain since the date of injury. He has been treated with chiropractic therapy, physical therapy, TENS unit and medications to include opioids since at least 04/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.