

Case Number:	CM14-0170422		
Date Assigned:	10/20/2014	Date of Injury:	06/11/2013
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 45 year old female who was injured on 6/11/2013. The diagnoses are cervical radiculopathy, neck and left shoulder pain. The cervical spine MRI showed multilevel disc bulges and foraminal stenosis. On 9/3/2014, [REDACTED] noted subjective complaints of neck pain radiating to the left upper extremity associated with numbness and tingling sensation. The pain score was reported as 9/10 without medication and 6/10 with medication on a scale of 0 to 10. The objective findings were tenderness of the paraspinal and shoulder muscles and decreased range of motion tests as well as positive impingement test of the left shoulder. The patient is awaiting evaluation for left shoulder surgery. The medications are Norco for pain and Zanaflex for muscle spasm. The patient completed PT and acupuncture treatments. A Utilization Review determination was rendered on 9/25/2014 recommending modified certification for Norco 2.5mg #120 to #108.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records show that the patient completed PT, acupuncture and non-opioid medications treatment. There is no documentation of aberrant drug behavior or medication adverse effects. The patient reported significant pain relief with functional improvement with the use of Norco medication. The patient is awaiting surgical evaluation for the severe pain. The criteria for the use of 2.5 of Norco were met and therefore, the request for Norco 2.5 mg #120 is medically necessary and appropriate.