

Case Number:	CM14-0180010		
Date Assigned:	11/04/2014	Date of Injury:	04/06/2010
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 a 56 year old female who was injured at work on 04/06/2010. She is reported to be complaining of increasing neck pain that radiates to her right upper limb. The pain is 9/10; it is associated with weakness of her right hand. Additionally, she complains of low back pain that radiates to the right lower extremity. The pain improves with medications, and she is able to function on daily basis, though she has needed higher doses of Norco at 2-3 tablets a day. She has remained off work. The physical examination revealed mild pain distress, antalgic gait favoring the left extremity, limited range of motion of the lumbar spine, diminished sensations in the outer part of the thighs and feet bilaterally, tenderness to palpation over the lumbar paravertebral musculature and sciatic notch region, trigger points and tight bands. Deep tendon reflexes were decreased in the right triceps and brachio-radialis, while the grip strength was weak in the right hand. The worker has been diagnosed of cervical discopathy with radiculopathy, lumbar spine myoligamentous injury, medication induced gastritis, and right shoulder internal derangement, adjustment disorder with mixed depression and anxiety. Treatments have included arthroscopic right shoulder subacromial decompression in 4/2/2011; diagnostic lumbar epidural injection, Norco, Anaprox, and Prilosec. At dispute is the request for retrospective request for Norco 10/325mg, #120 on 9/12/14 and 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for dates of service 9/12/14 and 9/12/14 Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-81.

Decision rationale: The injured worker sustained a work related injury on 04/06/2010. The medical records provided indicate the diagnosis of cervical discopathy with radiculopathy, lumbar spine myoligamentous injury, and medication induced gastritis, and right shoulder internal derangement, adjustment disorder with mixed depression and anxiety. Treatments have included arthroscopic right shoulder subacromial decompression in 4/2/2011; diagnostic lumbar epidural injection, Norco, Anaprox, Prilosec. The medical records provided for review do not indicate a medical necessity for retrospective for dates of service 9/12/14 and 9/12/14 Norco 10/325mg, #120. The records provided indicate she has been using this medication from or before 06/2014; the pain was 9/10 in 04/2014 and has remained at that level. Though she is reported to have an improvement in activities of daily living, she has remained off work. The request is for 120 tablets (which translates to 40-60 days of supply, based on her current daily dose of 2-3 times a day). The MTUS does not recommend the use of opioids for more than 70 days for chronic pain without improvement in pain and functioning. Therefore, the requested treatment is not medically necessary.