

Case Number:	CM14-0196823		
Date Assigned:	12/04/2014	Date of Injury:	09/30/2010
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 52 year-old female with date of injury 09/30/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was moderately to severely restricted. Pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity. Motor exam was within normal limits for the bilateral lower extremities. Straight leg raise with the patient in the seated position was positive on the right at 40 degrees. Diagnosis: 1. Cervical radiculitis 2. Cervical strain/sprain 3. Lumbar disc degeneration 4. Chronic pain, other 5. Lumbar radiculopathy 6. Right shoulder pain 7. Myositis/myalgia 8. Rule out complex regional pain syndrome 9. Status post left knee arthroscopy. The medical records supplied for review document that the patient has been taking the following medication for at least a far back as two years. Medication: 1. Norco 5/325mg, #60 SIG: take one tablet by mouth every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco 5/325 #60 is not medically necessary.