

Case Number:	CM15-0003874		
Date Assigned:	01/14/2015	Date of Injury:	02/03/2010
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 02/03/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical neck pain and spasms, right shoulder impingement syndrome, right cervical radiculopathy, and thoracic/lumbosacral neuritis or radiculitis not otherwise specified. Past medical prescription consists of surgery, physical therapy, medication therapy. Medications consist of Norco, Prilosec DR 20 mg, and Motrin 800 mg. On 10/29/2014, the injured worker underwent a UA, showing that she was compliant with prescription medications. On 12/05/2014, the injured worker complained of cervical spine pain. She stated that there was numbness down the right upper extremity to the hand and first 3 digits, which she rated at 9/10 on VAS. The injured worker also complained of right shoulder pain, which she rated at 9/10 without the use of medications, and 7/10 with medications. Physical examination noted that the cervical spine had no gross deformity. There was no appreciable swelling or gross atrophy of the paracervical muscles. The cervical lordosis was maintained. There was no evidence of tilt of torticollis. Upon palpation, there was evidence of tenderness of the paracervical muscles. There was no tenderness over the base of the neck. It was noted there was decreased sensation in the right C6 dermatome. Muscle strength revealed 5/5 bilaterally in all planes. Deep tendon reflexes were 2+ bilaterally. The medical treatment plan is for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78, 98.

Decision rationale: The request for Norco 10/325, with a quantity of 90, is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of opiates should not exceed 120 mg oral morphine equivalence per day. The submitted documentation indicated that the injured worker had cervical pain. The injured worker rated the pain at a 9/10 without medication and 7/10 with medication. A UA obtained on 10/29/2014, indicated that the injured worker was compliant with prescription medications. However, there was no documented evidence of improved quality of life with the use of the medication. Furthermore, the request as submitted did not specify a frequency or duration for the medication. Given the above, the injured worker is not within the California MTUS Guideline criteria. As such, the request is not medically necessary.