MAXIMUS Federal Services

Case Number:	CM15-0109915		
Date Assigned:	06/16/2015	Date of Injury:	08/16/2001
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 59 year old female injured worker suffered an industrial injury on 08/16/2001. The diagnoses included cervical degenerative joint disease, stenosis and subluxation, upper extremity pain, chest and rib pain, and left shoulder pain. The diagnostics included cervical and left shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 5/13/2015 the treating provider reported ongoing neck, bilateral shoulders and left upper extremity pain. With medications the pain was rated 8/10 (this was on #100 pills per month). The 6/16/15 documentation indicates that the patient is currently not working. She cannot use her upper extremities and is unable to sit for a prolonged period of time. The 5/15/15 document indicates she can only handle sedentary work and even with this cannot use her left arm and a pain level at 8/10. The progress note dated 3/12/15 noted the patient's pain level at 7/10. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and ongoing management Page(s): 80-84 and 78-80.

Decision rationale: Norco 10/325mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, or "mechanical and compressive etiologies; and minimally indicated for chronic non-specific back pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal evidence of increased function or significant improvement in pain despite long term opioids. The request for continued Norco is not medically necessary.