MAXIMUS Federal Services

Case Number:	CM15-0011044		
Date Assigned:	01/28/2015	Date of Injury:	03/01/2008
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 43 year old female with an industrial injury dated March 1, 2008. The injured worker diagnoses include status post bilateral facet joint rhizotomy, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, cervical stenosis, cervical sprain/strain, right shoulder rotator cuff bursitis and impingement, repetitive upper extremity injury, bilateral lateral epicondylitis, status post right ulnar release, and lumbar sprain/strain. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/11/14, the injured worker reported bilateral lower neck pain. The treating physician reported that the objective findings revealed restricted range of motion in the cervical and upper extremity. There was tenderness to palpitation of the bilateral medial elbows at cubital tunnel. Tinel's at the medial elbow, cervical discogenic and upper extremity proactive maneuvers were all positive. There was also tenderness to palpitation of the lumbar paraspinal muscle and decrease sensation at the fourth and fifth digits of the right hand. The treating physician prescribed Norco 10/325mg 1 tab by mouth four times a day as needed for pain #120 with 2 refills. Utilization Review determination on December 23, 2014 denied the request for prescribed Norco 10/325mg 1 tab by mouth four times a day as needed for pain #120 with 2 refills, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab by mouth four times a day as needed for pain #120 with 2 refills: 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): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on Norco with 80% improvement in pain and in function such as self-care and dressing. The patient was stated to have a drug contract which was not included in the chart. Urine drug screens were stated to be consistent but results were not included in the chart. But for ongoing monitoring, a 3 month supply of a narcotic is not recommended. The current request is for #120 tabs with 2 refills. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.