

Case Number:	CM15-0016564		
Date Assigned:	02/04/2015	Date of Injury:	11/12/1998
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male, who sustained an industrial injury on November 12, 1998. The diagnoses have included cervical spine sprain/strain, lumbosacral radiculitis, lumbar spine sprain/strain, right shoulder sprain/strain and status post two lumbar spine surgeries. Treatment to date has included pain medication and muscle relaxants. Currently, the injured worker complains of neck, lower back and right shoulder pain, the pain is better with pain medication and rest. In a progress note dated January 9, 2015, the treating provider reports cervical spine revealed slightly decreased range of motion with tenderness over the paraspinal and trapezius muscles, right greater than left, positive Spurling's on the right, cervical compression test was positive, decreased muscle strength and sensation at C5, C6, C7 and C8, examination of lumbar spine revealed decreased range of motion with tenderness over the paraspinal muscles equally. There was positive Kemp's sign bilaterally and positive straight leg raise bilaterally at seventy degrees to posterior thigh, decreased muscles strength and sensation bilaterally at L4, L5 and S1 and examination of the right shoulder revealed decreased range of motion. There was positive Hawkins impingement, tenderness over the acromioclavicular joint, decreased muscle strength with flexion and abduction. On January 21, 2015 Utilization Review non-certified a Norco 10/325mg 1 tablet by mouth every 6-8 hours as needed for pain quantity 90, Medical Treatment Utilization Schedule Guidelines noting, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 58 and 59.

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

Decision rationale: Norco 10/325mg #90, is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.