

Case Number:	CM15-0017152		
Date Assigned:	02/03/2015	Date of Injury:	04/14/2011
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 33 year old male, who sustained a work/ industrial injury on 4/14/11 when he was hit on the head with a dehumidifier. He has reported symptoms of neck pain that radiated to the right upper extremity. The pain was 7/10 and 3/10 with medication. Prior medical history was not documented. The diagnoses have included right shoulder impingement, s/p subacromial decompression with acromioplasty, distal clavicle resection surgery 1/29/14. Treatment to date has included conservative treatments, medication, chiropractic care, epidural steroid injections and facet blocks in the low back and neck. Diagnostics included a Magnetic Resonance Imaging (MRI) that reported facet arthropathy of the lower lumbar spine, mild central canal narrowing at L4-5, and a transitional L5 vertebra. EM G/NCV test was consistent with a left S1 radiculopathy, with normal report of the lower extremities. Per the treating physician's report of 2/3/15, noted tenderness over the paravertebral and trapezius muscle with decreased sensation at the right C8 dermatome. The range of motion was decreased in all planes. He was utilizing Norco 7.5 mg, Robaxin 750 mg, Ambien 10 mg, Prilosec 20 mg, Neurontin 600 mg, and Lidocaine 5% patches. Request was made for Norco 7.5/325 mg for pain management. On 12/29/14, Utilization Review non-certified Norco 7.5/325 mg #120, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 7.5/325 MG #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain that radiated to the right upper extremity. The treating physician has documented tenderness over the paravertebral and trapezius muscle with decreased sensation at the right C8 dermatome. The range of motion was decreased in all planes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325 MG #120 is not medically necessary.