

Case Number:	CM15-0017193		
Date Assigned:	02/05/2015	Date of Injury:	08/14/2012
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This 43 year old female sustained a work related injury on 08/14/2012. According to a progress report dated 10/02/2014, the injured worker complained of neck pain and stiffness radiating down her left arm. Diagnoses included multilevel herniated nucleus pulposus, cervical spine with cervical radiculitis, status post right carpal tunnel release, status post right shoulder arthroscopy with subacromial decompression, status post left carpal tunnel release, extreme morbid obesity, low back pain and status post sural nerve injury right foot. The injured worker was given a prescription of Norco for breakthrough pain. According to a progress report dated 12/09/2014, the injured worker continued to complain of neck pain and stiffness radiating down her left arm with intermittent paresthesias in the left hand and wrist. She was currently working. She was provided a refill of Norco for breakthrough pain. Urine toxicology screen was consistent with her prescription medication, according to the provider. On 01/12/2015, Utilization Review non-certified Norco 10/325mg 1 tab every day #30. According to the Utilization Review physician, there was no documentation of objective functional improvement with prior medication use. In addition, the report lacks documentation of attempts at weaning/tapering. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

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 QD, #30: Overturned

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 10.325mg, 1 tab QD, #30, is 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 and stiffness radiating down her left arm. The treating physician has documented a consistent drug screen result and that the injured worker is currently working. The criteria noted above having been met, Norco 10.325mg, 1 tab QD, #30 is medically necessary.