

Case Number:	CM15-0173647		
Date Assigned:	09/15/2015	Date of Injury:	01/02/1995
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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 67 year old female who sustained an industrial injury on 1-2-95. The injured worker reported neck pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic neck pain, muscle spasms paracervical and trapezius muscles, intermittent burning pain left shoulder and status post multiple cervical surgeries. Medical records dated 8-17-15 indicate aching, radiating pain rated at 7 out of 10. Provider documentation dated 8-17-15 noted the work status as permanent and stationary. Treatment has included a cervical spine magnetic resonance imaging (2-6-15), topical analgesics since at least February of 2015, Norco since at least February of 2015, Zanaflex since at least February of 2015, status post cervical discectomy (9-16-03) and radiographic studies. Objective findings dated 8-17-15 were notable for decreased sensation bilaterally C6 through C7 with provider documentation noting "shoulder, elbow and wrist range of motion was normal." The treating physician indicates that the urine drug testing result (4-15-15) showed no aberration. The original utilization review (8-25-15) partially approved a request for Norco 10-325 milligrams quantity of 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325 mg Qty 240, 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 aching, radiating pain rated at 7 out of 10. Provider documentation dated 8-17-15 noted the work status as permanent and stationary. Treatment has included a cervical spine magnetic resonance imaging (2-6-15), topical analgesics since at least February of 2015, Norco since at least February of 2015, Zanaflex since at least February of 2015, status post cervical discectomy (9-16-03) and radiographic studies. Objective findings dated 8-17-15 were notable for decreased sensation bilaterally C6 through C7 with provider documentation noting "shoulder, elbow and wrist range of motion was normal." The treating physician indicates that the urine drug testing result (4-15-15) showed no aberration. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325 mg Qty 240 is not medically necessary.