MAXIMUS Federal Services

Case Number:	CM15-0023005		
Date Assigned:	02/12/2015	Date of Injury:	06/15/2013
Decision Date:	04/14/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/06/2015

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 28-year-old female who sustained a work related injury after a one car motor vehicle accident, June 15, 2013. The injured worker was a front seat passenger, seat belted, and airbags deployed during the crash without loss of consciousness. There were complaints of pain to the neck, upper and lower back, right shoulder and left wrist. All x-rays (chest, left wrist, right shoulder and humerus) were negative and CT cervical spine negative. Past history included left carpal tunnel release July 2014, cervical spine surgery August 2014 and lumbar epidural steroid injection December 2014. According to a treating physician's progress report dated January 12, 2015, the injured worker presented for reevaluation regarding low back, neck, left wrist and right shoulder pain. She continues to have numbness in her left hand and shock like neck pain that radiates down her back rated 9/10 without medication and 8/10 with medication. Diagnoses included cervical degenerative disc disease, cervical radiculopathy and stenosis; myalgia and chronic pain syndrome. The physician further documents she has tried and failed injections, physical therapy, and surgery and that acupuncture for her neck and back would be a benefit. Treatment plan also included requests for medication and MRI of the brain. According to utilization review dated January 24, 2015, the request for Norco 10/325mg #30 has been modified to Norco 10/325mg #24, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

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

Decision rationale: The requested Norco 10/325mg #30, 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 low back, neck, left wrist and right shoulder pain. She continues to have numbness in her left hand and shock like neck pain that radiates down her back rated 9/10 without medication and 8/10 with medication. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit. This includes, 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 10/325mg #30 is not medically necessary.