

Case Number:	CM15-0037677		
Date Assigned:	03/06/2015	Date of Injury:	12/17/2013
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 55 year old female, who sustained an industrial injury on 12/27/2013. She has reported a slip and fall with injuries to the left shoulder, elbow, lumbar spine and cervical spine. The diagnoses have included multilevel cervical disc disease, multiple level lumbar disc disease with bulging and stenosis, chronic pain syndrome, and a sleep disorder related to chronic pain. Treatment to date has included medication therapy, physical therapy, neck pillow and neck traction with air-bladder, hot/cold packs, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit, epidural injections and back brace, along with activity restrictions. Currently, the IW complains of neck pain and low back pain associated with muscle spasms, stiffness and tightness. The physical examination from 1/29/15 documented cervical and lumbar tenderness bilaterally with facet loading pain and pain along the facet joints. On 2/27/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain dating back to 2013 involving the left shoulder, elbow, cervical and lumbar spine. There are muscle spasms with both stiffness and tightness. This patient has become opioid dependent and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of any return to function from the opioid therapy. Based on the documentation treatment with Norco 10/325 mg is not medically indicated.