

Case Number:	CM15-0067741		
Date Assigned:	04/15/2015	Date of Injury:	09/21/2012
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on 9/21/12. The injured worker has complaints of headaches with history of migraines; difficulties with insomnia secondary to chronic pain and physical limitation; neck pain radiating the upper extremities; bilateral shoulder and elbow pain; bilateral forearm/wrist/hand pain with associated numbness and tingling and mid and low back pain. The diagnoses have included cervical spine musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis; bilateral shoulder periscapular strain with impingement, bursitis and tendinitis and bilateral elbow medial and lateral epicondylitis. There are associated diagnoses of insomnia, anxiety disorder and depression. Treatment plan to date has included physical therapy, diagnostic tests of (MRI) of the cervical spine, sonographic examination of the bilateral foot and ankle, chiropractic rehabilitation therapy, cyclobenzaprine and Norco. The request was for Norco. The IW was referred for Consultation to Psychiatry, Internal Medicine, Sleep and Neurology specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The guidelines recommend that patients with significant psychosomatic disorders be primarily treated with anticonvulsant mood stabilizers and antidepressants with analgesic activity. The records did not show documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports or functional restoration. The criteria for the use of Norco 5/325mg #60 was not met.