MAXIMUS Federal Services

Case Number:	CM15-0071295		
Date Assigned:	04/21/2015	Date of Injury:	03/27/2012
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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 24 year old female who sustained an industrial injury on 3/27/12. The diagnoses have included cervical strain, cervical pain, right shoulder pain, muscle spasm and mood disorder. Treatment to date has included medications, physical therapy, and acupuncture, trigger point injection to the shoulder and subacromial steroid joint injection. The current medications included Norco, Ibuprofen, Lidoderm patch and Flexeril. Currently, as per the physician progress note dated 10/21/14, the injured worker complains of neck pain which has been unchanged since last visit and poor sleep quality due to pain. She reports that the medications work well for her with alleviating the pain. The objective findings revealed restricted cervical range of motion, tenderness on the right side, and Spurling's maneuver causes pain in the muscles of the neck. The right shoulder exam revealed restricted movements with range of motion with tenderness and guarding noted. The physician noted that she would continue with medications as her pain is more tolerable and she is also more functional with them. The physician requested treatments included Norco 10-325mg #90 with 1 refill and Norco 10-325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. As such, this request is not medically necessary.

Norco 10-325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. As such, this request is not medically necessary.