

Case Number:	CM15-0075372		
Date Assigned:	04/27/2015	Date of Injury:	03/25/2010
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female, who sustained an industrial injury on 3/25/10. She reported pain, numbness, and weakness in the right upper extremity. The injured worker was diagnosed as having cervical spondylosis with right cervical radiculopathy, post cervical fusion syndrome at C4-7, residual degenerative disc disease at C3-4 and C7-T1, myofascial pain, and cervical facet osteoarthritis. Treatment to date has included anterior cervical discectomy at C4-5 on 7/23/13, a cervical epidural steroid injection, physical therapy, and analgesic medication. A physician's report dated 7/20/12 noted the injured worker was taking Norco. A physician's report dated 11/18/14 noted Norco was tapered from 10/325 to 5/235. At that time pain was rated as 6/10 with medications and 8/10 without medications. A physician's report dated 3/19/15 noted the injured worker's pain was rated as 8/10 without medications and 5/10 with medications including Norco 5/325. Currently, the injured worker complains of neck pain that radiated to the right shoulder and down the right arm. The treating physician requested authorization for Norco 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: One (1) prescription of Norco 5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.