

Case Number:	CM13-0035745		
Date Assigned:	12/13/2013	Date of Injury:	08/01/2002
Decision Date:	05/19/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who was injured on August 1, 2002. The mechanism of injury is unknown. Prior treatment history has included the use of Terocin patches, Ultram and Norco. There were no diagnostic studies submitted for review including no drug screen provided. Progress note dated December 19, 2013 documented the patient to have complaints of neck and shoulder pain that is intermittent throughout the day. When it hurts, it is 6/10 on the pain scale. When he uses the Ultram the pain decreased to 5/10. However, when he used Norco the pain decreases to 2/10, which is better control of his pain and it allows him to be more functional and he can also sleep better at night. He admits to daily spasms in the neck and daily numbness and tingling in the left thumb. The pain does disrupt his sleep in that it wakes him up at night resulting in insomnia. With the use of Norco the pain is better control and it allows him to sleep better at night. Objective findings on exam revealed the patient is not in acute distress. Right upper extremity abducts to 150 degrees and left upper extremity abducts to 100 degrees. Diagnoses included right shoulder rotator cuff tear, neck pain status post cervical fusion, plus the patient also has history of prior right shoulder labral repair. Treatment Plan: I dispensed Ultram for him to use as pain medication. However, Norco decreases his pain level from 6/10 to 2/10. Ultram can only decrease his pain from 6/10 to 5/10. He also received a hand written prescription for Flexeril, Naproxen and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This is a request for Norco for chronic neck and shoulder pain. Long-term use of opioids for chronic pain has not been shown to improve pain, function, or quality of life. Medical records fail to establish functional benefit or objective pain reduction attributable to Norco. The request for Norco 10/325 is not medically necessary or appropriate.