

Case Number:	CM13-0045879		
Date Assigned:	06/09/2014	Date of Injury:	07/23/2007
Decision Date:	07/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 28 year old male with a date of work injury July 23, 2007. The diagnoses include diagnoses of chronic low back pain, bilateral radiculopathy due to herniated disc and left shoulder internal arrangement. There is a request for Norco 10/325MG, one by mouth twice a day as needed #60 with one refill. A May 9, 2013 MRI of the Shoulder revealed that the acromion curved and anteriorly downsloping. There is a document dated March 21, 2014 that states that the patient has pain in the lumbar spine, which was a 6/10, and was awaiting an epidural steroid injection (ESI) and MRI of the lumbar spine. The patient had left shoulder pain which was unchanged and scheduled to see orthopedics for this. There were reported diagnoses of chronic low back pain, bilateral radiculopathy due to herniated disc and left shoulder internal arrangement. The medications included Norco 10/325 one twice a day and Prilosec one twice a day. The patient was noted to have some gastrointestinal discomfort. The work status was limited work, 4 hours per day, and no driving under influence of medications. There is a document dated May 15, 2014 that states that the patient has pain in the lumbar spine that is 7/10. The left shoulder pain has increased to 7/10. A cortisone injection is to be scheduled and the patient is to see an orthopedic doctor on June 16, 2014. The documentation states that the pain is worse and the functional status is worse. There is left shoulder tenderness. The strength of the C5 Shoulder on the left is C5. The treatment plan is continue modified duty and continue Norco and Prilosec. There is a May 20, 2014 progress note that states that the patient has chronic low back and BLE (bilateral lower extremity) pain with numbness/tingling. There is thoracic spine. There is left shoulder pain increased with activity with numbness/tingling. There are pending ortho consults. The patient is to continue modified duty, Norco and Norflex. There was an August 30, 2013 document that states that the patient was a no show for his consults to 2 different physicians for

his left shoulder and lumbar spine. His symptoms are unchanged. He is to continue his medications which include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, SIXTY COUNT, WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects, and include a signed pain contract. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The continuation of Norco is not medically necessary without significant functional improvement as defined by the MTUS. The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and pain. The documentation indicates that the patient has been taking Norco dating back to 2008 and continues to have complaints of pain without a significant change in function. The request for norco 10/325mg, sixty count, with one refill, is not medically necessary or appropriate.