

Case Number:	CM14-0010233		
Date Assigned:	02/21/2014	Date of Injury:	02/19/2013
Decision Date:	07/09/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 and is licensed to practice in Texas. 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 injured worker is a 35-year-old male who reported injury on 02/19/2013. The mechanism of injury was a trip and fall on a tire. The diagnoses included left shoulder impingement syndrome, cervical strain with left cervical radiculitis with paresthesia of the left upper extremity, left upper thoracic strain, and secondary depression. The medication history included opioids as of early 2013. The prior treatments included physical therapy and a TENS unit. The documentation of 12/23/2013 revealed that the injured worker's pain was 7/10 in the neck and 10/10 in the shoulder. The treatment plan included an orthopedic consultation, a psychiatric consultation, naproxen 550 mg one (1) tablet two (2) times a day as needed for pain and inflammation, Omeprazole 20 gm one to two (1 to 2) daily for stomach upset and to prevent gastrointestinal (GI) complications from non-steroidal anti-inflammatory drugs (NSAIDs) and opioids, discontinue Ultram, authorize Norco 7.5/325 mg every six (6) hours as needed for pain, and continuation of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5 MG/325 MG FOR A ONE (1) MONTH SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Opioids, ongoing management Page(s): 60; 78.

Decision rationale: The Chronic Pain Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated that the injured worker had been utilizing the medication for at least eight (8) months. The clinical documentation submitted for review indicated that the injured worker was being monitored for side effects. There was a lack of documentation indicating objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the medication. Additionally a quantity for one (1) month could not be established as the frequency was missing from the submitted request. Given the above, the request for Norco 7.5 mg/325 mg for a one (1) month supply is not medically necessary.