

Case Number:	CM14-0014427		
Date Assigned:	02/28/2014	Date of Injury:	08/01/2002
Decision Date:	07/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

This is a 58-year-old male with a 8/1/02 date of injury. The mechanism of injury was not noted. The patient was seen on 3/4/14 for a followup evaluation regarding neck and right shoulder pain. He has constant pain at 6-7/10, Norco decreases his pain to 3-4/10. He has more pain in the right shoulder and daily spasms in the neck. He uses Flexeril which helps to decrease the intensity and frequency of the spasm. He also admits to daily numbness and tingling in the left thumb. Objective findings include: tenderness along the cervical paraspinal muscles bilaterally, neck extension to 15 degrees and flexion to 20 degrees, bilateral upper extremity abducts to 130, he still has tenderness along the posterior capsule, rotator cuff, and biceps tendon of the right shoulder. Diagnostic impression: right shoulder rotator cuff tear, neck pain status post cervical fusion, history of prior right shoulder labral repair. Treatment to date includes: medication management, activity modification, surgery, as well as physical therapy. A utilization review decision dated 1/22/14 denied the request for Norco. It does not appear that the patient has received significant functional improvement with long term use of this medication is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 1/30/14 progress note, the patient describes his pain at a 6-7/10 without medication and 3-4/10 with Norco. There was no quantity for Norco noted in this request. Guidelines support the use of opioids in the presence of documentation of significant pain reduction and improved activities of daily living. Therefore the request for Norco 10/325mg 75 tablets is medically necessary.