

Case Number:	CM14-0113968		
Date Assigned:	09/16/2014	Date of Injury:	12/21/2011
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, and is licensed to practice in Louisiana. 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 39 year old male who was injured on 12/21/2011. The mechanism of injury is unknown. Prior treatment history has included home exercise program and physical therapy. The patient underwent right shoulder surgery on 02/21/2014. The patient's medications as of 06/11/2014 included Anaprox 550 mg, Norco 10 mg, and Prilosec 20 mg (No VAS provided). There were toxicology reports available for review. Follow-up report dated 08/14/2014 states the patient complained of chronic pain in his lumbar spine and right shoulder. On exam, he had discomfort on elevation of right upper extremity at 95 degrees. The right trapezius muscle revealed tenderness and spasm in the paravertebral muscle of the lumbar spine with decreased range of motion on flexion and extension. The patient was diagnosed with lumbosacral radiculopathy and shoulder impingement. The patient was recommended to continue with Norco 725/325 mg. Prior utilization review dated 07/11/2014 states the request for Norco 725/325 mg #30 is denied due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 725/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short term use. Guidelines do not recommend continued opioid use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation to indicate the necessity of Norco and long-term use is not recommended. The request for this medication is not medically necessary.