

Case Number:	CM14-0179309		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2011
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 50 year old employee with date of injury 7/18/11. Medical records indicate the patient is undergoing treatment for thoracic fracture T2-4, T12-L2 with fusion. Tracheal tear with pneumothorax, right femoral fracture, right shoulder fracture, zygoma fracture and rib fractures. He is s/p right shoulder arthroscopy and rotator cuff repair (6/7/12). Subjective complaints include stabbing pain from neck to lumbar region. He rates his pain level at a 6/10. Stabbing and burning pain in the right anterior chest wall and right leg pain. Objective complaints include stiff cervical, thoracic and lumbar spine, restricted right shoulder movement. Spasms were noted in the lumbar paraspinal muscles. Along the surgical scar, dysesthesia is noted to touch. An MRI of the right shoulder reveals focal full thickness tear noted in anterior aspect of the supraspinatus with partial tear of the infraspinatus and subscapularis tendons. There are moderate degenerative changes in the acromioclavicular joint. An EMG reveals right SI radiculopathy. Treatment has consisted of surgical repair, pain management, pain psychology, physical therapy, modified work restrictions, shoulder injections, home exercise program and electro-acupuncture. Medications include Diclofenac, Mobic, Tramadol, Pantoprazole, Ranitidine, Depakote, Neurontin, Tramadol cream, Cyclogaba cream. The utilization review determination was rendered on 9/26/14 recommending non-certification of Norco 5/325 by mouth every 12 hours #60 with 3 RF.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg by mouth every 12 hours #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: The ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg by mouth every 12 hours #60 with 3 refills is not medically necessary.