

Case Number:	CM14-0180836		
Date Assigned:	11/05/2014	Date of Injury:	06/09/2010
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics and is licensed to practice in New York. 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 39 year old woman with a date of injury of 6/9/10. She was seen by her primary treating physician on 10/14/14 with complaints of neck, back and left shoulder pain. Her exam showed limitations in range of motion of the neck and left shoulder. She had paracervical tenderness from C2-C7-T1 and parathoracic tenderness from T1-6. She also had paralumbar tenderness from L1-L5/S1 with bilateral sacroiliac tenderness and some right trochanteric tenderness. Her diagnoses included chronic cervical pain with C6-7 disc protrusion, chronic left shoulder pain, chronic thoracic myofascial pain, chronic lumbosacral pain with foraminal disc protrusion at L5-S1 and fibromyalgia. At issue in this review is the refill of the prescription of Norco for pain. Length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This 39 year old injured worker has chronic back and shoulder pain with an injury sustained in 2010. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore, this request is not medically necessary.