

Case Number:	CM14-0035341		
Date Assigned:	06/23/2014	Date of Injury:	12/26/2007
Decision Date:	11/07/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 48 year old female with complaints of low back pain, neck pain, shoulder pain, elbow and wrist pain. The date of injury is 12/26/07 and the mechanism of injury is fall injury while standing on a chair attempting to put files away and fell hitting right shoulder and twisting low back. At the time of request for Norco 7.5/325#100 with 5 refills, there is subjective (low back pain, neck pain, upper extremity pain) and objective (antalgic gait, difficulty with heel walk, unable to toe walk, restricted range of motion cervical spine, tenderness to palpation paracervical musculature and trapezius, positive cervical compression test, motor strength demonstrates breakaway weakness rhomboids, shoulder muscles, biceps, triceps, supinators, extensors, pronators, decreased sensory to left forearm, right shoulder well healed surgical scar, right and left shoulder impingement positive, tenderness left elbow lateral epicondyle, wrists tenderness bilaterally, restricted range of motion lumbar spine, tenderness to palpation lumbosacral spine, sensory is diminished medial side both thighs, medial right calf, dorsum left foot and lateral aspects bilateral feet), imaging findings (MRI lumbar spine 8/28/10 shows L4-5,L5-S1 disc protrusion with spondylosis, MRI cervical spine 6/3/10 shows disc protrusion C3-4,C5-6,C6-7 and spondylosis), diagnoses (degenerative disc disease cervical spine s/p C5-6 decompression and fusion, right shoulder subacromial impingement with rotator cuff tear and ac joint arthritis s/p arthroscopic decompression, left shoulder subacromial impingement with rotator cuff tendonitis and ac joint arthritis, right elbow lateral epicondylitis, lumbar L5-S1 degenerative disc disease, lumbar radiculitis) and treatment to date (surgeries cervical and shoulder, medications, therapy, bracing/splinting). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or

absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, the request for Norco 7.5/325 #100 with 5 refills is not medically necessary.