

Case Number:	CM14-0068172		
Date Assigned:	07/14/2014	Date of Injury:	04/29/2003
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Georgia. 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 claimant is a 64 year old male presenting with chronic pain following a work related injury on 04/29/2003. The claimant is status post right shoulder arthroscopy with debridement of type I labral tear, repair of massive rotator cuff tear and acromial decompression. Following, the claimant underwent multiple surgeries in subsequent years on the left shoulder as well. On 6/10/2013, the claimant reported left shoulder pain, neck and bilateral hand and arm pain associated with burning, numbness, and tingling. The claimant's medications included Norco, Restoril, Neurontin and Lidoderm patch. The physical exam showed severe tenderness in the cervical and left shoulder area, limited range of motion of the left shoulder and positive Spurling's test. The claimant was diagnosed with cervical disc disease, cervical facet joint disease and left shoulder pain, neck and bilateral arm pain. A claim was made for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 one by mouth every six hours as needed for cervical and shoulder pain:

Upheld

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): 79.

Decision rationale: Norco 10/325 one by mouth every six hours as needed for cervical and shoulder pain is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.