

Case Number:	CM14-0079870		
Date Assigned:	07/18/2014	Date of Injury:	06/15/2011
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine and is licensed to practice in California. 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 42-year-old male who has submitted a claim for cervical spine musculoligamentous sprain/strain, and left shoulder parascapular strain with tendinitis and impingement, rule out rotator cuff pathology; associated with an industrial injury date of 06/15/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain, left shoulder pain, and difficulty sleeping. Physical examination showed tenderness over the bilateral paravertebral musculature and trapezius muscles, and left acromioclavicular joint, subacromial region, and parascapular region. Spurling's maneuver was positive. Impingement and cross arm tests were positive on the left shoulder. Range of motion was decreased. Reflexes were normal. Motor testing showed weakness of resisted flexion and abduction of the left shoulder. Sensation was intact. Treatment to date has included medications, interferential unit, bone stimulator, chiropractic therapy, home exercise program, and posterior spinal fusion at L5-S1 (08/15/2012). Utilization review, dated 05/22/2014, denied the request for Norco because the improvement of symptoms occurred after discontinuation of Norco, and for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #60: 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): 78-91.

Decision rationale: As stated on page 78-91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco is indicated for moderate to moderately severe pain. A therapeutic trial is recommended. Continued use of opioids is dependent on analgesia, functional benefit, lack of adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient complains of neck and left shoulder pain. Norco was discontinued in May 2014, and the patient is currently prescribed Anaprox DS. However, the medical records submitted for review failed to show the severity of pain (VAS quantification) to warrant analgesia at an opioid level. The medical necessity cannot be established due to insufficient information. Therefore, the request for NORCO 10/325MG #60 is not medically necessary.