

Case Number:	CM14-0190297		
Date Assigned:	11/20/2014	Date of Injury:	11/26/2011
Decision Date:	03/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on November 26, 2011. He has reported a pallet load fell on him, feeling cramping in his right shoulder and neck with pain going down his back. The diagnoses have included right AC joint arthritis/impingement syndrome, C5-C6 disc degeneration with mild foraminal stenosis, right cervical radiculopathy, right lumbar radiculopathy, right cubital tunnel syndrome, and status post right shoulder arthroscopy with acromioplasty and distal clavicle resection on November 15, 2013. Treatment to date has included right shoulder surgery in 2013, physical therapy, right shoulder injection, and medications. Currently, the injured worker complains of neck pain, lower back pain which radiates down the right lower extremity to the bottom of the foot, right knee pain, and headaches. The Primary Treating Physician's report dated October 15, 2014, noted the cervical spine with tenderness to palpation of the paracervical muscles, over the base of the neck, and over the base of the skull with a positive facet loading test. On November 7, 2014, Utilization Review non-certified Norco tab 5/325mg #90, noting the medical records did not establish functional improvement as a result of the current regimen, therefore the request was modified to approve Norco tab 5/325mg #90 to allow the injured worker one refill for the purpose of weaning to discontinue, with a reduction of the medication by 10%-20% per week over a weaning period of 2-3 months. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On November 14, 2014, the injured worker submitted an application for IMR for review of Norco tab 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates since 2013 without objective documentation of the improvement in pain. He continues with pain despite treatment with multiple medications. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There was no documentation of improvement in function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.