

Case Number:	CM14-0190693		
Date Assigned:	11/24/2014	Date of Injury:	10/01/2011
Decision Date:	03/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/15/2014

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
 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 28 year old female, who sustained a work related injury after a fall onto the right shoulder, October 1, 2011. An initial orthopedic consultation report, dated October 8, 2014, reveals the injured worker presented for evaluation of the right shoulder. He noted prior testing included; EMG/NCV, x-rays, MRI (no reports present in medical record), physical therapy, chiropractic treatment, injections, and pain medications over the course of care. The consulting physician documents that the radiographs are unremarkable, acromion is type II, axillary films are negative and an MRI scan was reviewed and negative, at best revealing tendinosis. A physician's progress report dated October 22, 2014 finds the injured worker presenting for a six-week follow-up. She is complaining of cervical pain, rated 6-7/10, which continues on the right side with increasing weakness in the right arm. The pain is increased in the right lateral neck and scapular area and worsens with activity. Physical examination reveals height 6'0 and 260 pounds; right shoulder lateral abduction approximately 90-110 degrees, anterior elbow flexed flexion positive for pain; limited range of motion reaching behind back. There is tenderness to palpation over the right supra scapular region including the levator scapulae and the lateral trapezius muscle areas. Cervical evaluation reveals reduced range of motion twist to right and slight reduction in right grip and biceps. Diagnoses are documented as superior glenoid labrum; cervical disc degeneration; cervicalgia; cervical radiculitis and sprain supraspinatus. Treatment plan includes continued medication, wean from own Cymbalta, referral for possible cervical treatments, and continue current exercise program. Work status is

documented as no duty pending next office visit. According to utilization review performed November 6, 2014, the request for Norco 7.5/325mg #100 is modified to Norco 7.5/325mg # 50.

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: 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 Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed. There was no documentation of the worker's positive response (measurable) with her function and pain-reduction directly related to her chronic use of Norco. Therefore, the Norco will be considered medically unnecessary without this evidence of benefit.