

Case Number:	CM14-0196494		
Date Assigned:	12/15/2014	Date of Injury:	08/22/2012
Decision Date:	12/11/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 32 year old female, who sustained an industrial injury on 08-22-2012. A review of the medical records indicates that the worker is undergoing treatment for chronic left shoulder pain, supraspinatus tear, status post arthroscopic surgery, cervical disc disease and facet arthropathy, chronic neck pain, radicular symptoms in the left arm and flare-up of left shoulder problem. Subjective complaints (07-15-2014 and 09-04-2014) included continued left shoulder and neck pain that was rated as 6 out of 10 during the 09-04-2014 visits and was not quantified during the 07-15-2014 visit. Objective findings during the 07-15-2014 visit showed significant reduction in range of motion of the left shoulder, inability to raise the left arm above the head, significant paraspinal and trapezius muscle spasm on both sides, decreased range of motion of the cervical spine, pain on lateral flexion with cervical spine loading and tenderness to palpation of the facet joints suboccipitally. CT scan of the cervical spine was performed that day and showed reversal of cervical spine lordosis, mild degenerative disc disease and kyphosis at C3-C4. Plan of care included a C3-C4 facet block. Objective findings on 09-04-2014 revealed slight restriction in range of motion of the left shoulder, slight weakness with resisted movements, mildly restricted range of motion of the cervical spine and positive facet maneuvers. Subjective complaints (10-10-2014) included good days and bad days regarding the neck and flare up of left shoulder pain on 09-25-2014 when someone ran into her and bumped into her left arm which resulted in forcible hyper-abduction of the left arm. The worker was seen in the emergency department with increased swelling and pain in the arm and fingers. The physician noted that further physical therapy, a corticosteroid injection and 3 weeks off work were recommended.

Objective findings revealed slightly restricted range of motion of the cervical spine with some soft tissue tenderness accompanied by spasm and taut muscle bands, moderately restricted range of motion of the left shoulder with tenderness, decreased strength due to pain and somewhat guarded movements. The plan of care was continued chiropractic treatment for the neck and renewal of pain medications including Norco. Treatment has included Norco, Flexeril, Aleve, 24 postoperative physical therapy sessions for the shoulder, chiropractic treatment and surgery. The most recent progress notes do not indicate the severity of pain before and after taking Norco or the duration of pain relief. A utilization review dated 10-27-2014 modified a request for Norco from Norco 10-325 mg per 09-23-2014 report QTY: 90 to Norco 10-325 mg per 09-23-2014 report QTY:60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had been prescribed Norco for an extended period without consistent objective evidence of quantifiable pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg quantity 90 is determined to not be medically necessary.