

Case Number:	CM14-0209975		
Date Assigned:	12/23/2014	Date of Injury:	03/23/2012
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Internal 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 injured worker (IW) is a 60-year-old man with a date of injury of March 23, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are myoligamentous strain cervical spine with radicular symptoms of the left upper extremity; myoligamentous strain of the left upper trapezius musculature; inflammatory process of the shoulders bilaterally; status post arthroscopic left shoulder rotator cuff repair, April 2006; status post right shoulder surgery, January 10, 2014; inflammatory process of the left ankle; and internal medicine diagnoses. Pursuant to the most recent progress note in the progress note dated October 20, 2014, the IW complains of intermittent moderate neck pain and bilateral shoulder pain. He reports medication and transdermal creams are very helpful. Objectively, tenderness is noted in the cervical spine, shoulders and left ankle. There is decreased range of motion noted as well. There are no other objective findings documented. Current medications include Norco 10/325mg, Tramadol HCL 50mg and topical compound creams. The IW has been taking Tramadol and Norco concurrently since January 22, 2014, according to a progress note with the same date. The IW was also taking Flexeril and Naproxen according to the 1/22/14 progress note. There are no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of opioids. The treatment plan recommendations include medication refills. The current request is for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are myoligamentous strain cervical spine with radicular symptoms left upper extremity; myoligamentous sprain left trapezius muscle; inflammatory process shoulders bilaterally; status post arthroscopy left shoulder rotator cuff repair; inflammatory process left ankle; and internal medicine diagnoses. The medical record documents Norco was prescribed as far back as January 22, 2014. The treating physician also prescribed Tramadol, Flexeril and Naprosyn concurrently. There is no clinical rationale the medical record for the use of two opiates for these injuries. In a more recent progress note October 20 of 2014, the injured worker is still taking Norco and tramadol. The medical record does not contain documentation of objective functional improvement as it pertains to Norco. The progress notes are very cursory with a summary of the complaints and 3 to 4 lines in the objective section. Medicines are renewed. Consequently, absent clinical documentation to support the ongoing use of Norco without evidence of objective functional improvement, Norco 10/325 mg #60 is not medically necessary.