

Case Number:	CM15-0133831		
Date Assigned:	07/22/2015	Date of Injury:	01/30/2013
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 50 year old male sustained an industrial injury to the head, neck, right shoulder and right elbow on 1/30/13. Previous treatment included right shoulder surgery (2013), right elbow surgery (12/2013), physical therapy, chiropractic therapy, epidural steroid injections, injections and medications. In an initial evaluation dated 1/19/15, the injured worker rated his pain 5-10/10 on the visual analog scale. Current medications consisted of Lyrica. The injured worker received a prescription for Norco and Motrin. In a PR-2 dated 6/18/15, the injured worker complained of severe pain, rated as high as 10/10 on the visual analog scale without medications and 1/10 with medications. The injured worker reported that without medications he would be bed bound. With medications the injured worker was able to walk a mild twice a week and do two hours of light yard work with frequent breaks. The injured worker stated that medications usually took effect within one hour and lasted for about three to four hours. The injured worker stated that his average pain was 5-6/10. The injured worker had just started acupuncture. Objective findings were noted to contain no significant changes. Current diagnoses included right shoulder pain, right elbow pain, neck pain and right knee pain. The treatment plan included continuing acupuncture, obtaining right knee x-rays, and prescriptions for Norco, Ibuprofen, Flexeril and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 5-325mg, #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids; Opioids: Initiating Therapy; Opioids: On-Going Management Page(s): 76, 77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document the least reported pain over the period since last assessment as 1/10, pain relief, increased level of function and improved quality of life. Medical documents meet guidelines for use in excess of the recommended 2-week limit. As such, the request for Norco tablets 5-325mg, #45 is medically necessary.