

Case Number:	CM15-0144111		
Date Assigned:	08/05/2015	Date of Injury:	07/27/2004
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 7-27-2004. He reported right elbow pain, left shoulder pain, neck pain, mid back pain, headaches and right hand numbness after falling off a roof. Diagnoses have included left cervical strain with left cervical radiculitis symptoms, lumbar strain with bilateral lumbar radiculitis symptoms, left shoulder strain with impingement, left hip and left inguinal strain and left knee pain. Treatment to date has included magnetic resonance imaging (MRI), a home exercise program and medication. According to the progress report dated 6-26-2015, the injured worker complained of ongoing cervical spine pain with radiation to the left scapular area rated four to five out of ten. He complained of left hip and lumbar spine discomfort rated five to six out of ten. He also complained of left shoulder pain rated four to five out of ten. Exam of the cervical spine revealed slight tenderness and spasm. Exam of the lumbar spine revealed slight to moderate paralumbar muscle spasm. There was slight tenderness noted over the acromioclavicular region with positive impingement sign. There was tenderness of the lower parathoracic and interscapular muscles. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive deterioration. The Norco 5/325 mg #60 is not medically necessary and appropriate.