

Case Number:	CM15-0147410		
Date Assigned:	08/10/2015	Date of Injury:	03/31/2011
Decision Date:	09/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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, North Carolina
 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 41 year old male who sustained an industrial injury on 3-31-11. The Qualified Medical Examiner (QME) report dated 1-19-15 indicates that the injured worker sustained a fall. No initial symptoms were documented. However, the following day, he noted "soreness in his right shoulder and neck, as well as a headache". He did not seek medical treatment for approximately three months following the event. The injured worker has a medical history involving a motor vehicle accident in 2002. He sustained a neck injury at that time and he was noted to have left arm numbness. X-rays of the cervical spine revealed "facet changes at C7-T1". A follow-up CT of the cervical spine in 2008 was "unremarkable". He was seen by orthopedics in 2009 for hip complaints. He underwent left hip arthroscopic surgery in April 2009 and right hip arthroscopy in December 2009. In August 2010, he had left hip surgery for arthroscopy and removal of heterotopic bone. He reported that he had been "off work" until 2011 and was released back to work with "limited duty" due to his "symptomology". Following his injury in March 2011, the injured worker was seen by an orthopedic surgeon. An MRI of the right shoulder was completed in August 2011. The study indicated a partial tear of the supraspinatus tendon with sub-cortical marrow edema. This did not require surgery and physical therapy, as well as nerve conduction studies were recommended of the right upper extremity. The injured worker was also followed by orthopedics for complaints in both hips. He underwent corticosteroid injections. It was noted that his hip condition was "nonindustrial". The injured worker has continued to have right shoulder and cervical neck pain since his noted date of injury. He has received a corticosteroid injection in the right shoulder, physical therapy, and has

undergone nerve conduction testing of the right upper extremity. His diagnoses include chronic cervical strain, chronic right shoulder strain, symptom magnification, and history of hip labral tears and heterotopic ossification (non-industrial). The PR-2 dated 1-6-15 indicates that his current medications include Cymbalta, Multivitamin, and Norco. It states that "narcotic medications are managed" through his primary care provider. Treatment plan recommendations include a trial of meloxicam due to the injured worker's complaints of gastrointestinal issues. Due to "they myofascial component of pain", it was also suggested a trial of Robaxin for pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: CA MTUS Guidelines state that opioids are recommended for moderate to severe pain at the lowest possible dose for the shortest time period in order to improve pain and function. In this case, the patient has been taking Norco for approximately six years. Multiple previous reviews have recommended tapering the patient from the Norco. The medical records submitted do not demonstrate significant pain relief or functional improvement. The records also list "symptom magnification." Therefore, given the above, the request for Norco is deemed not medically necessary or appropriate.