

Case Number:	CM15-0147489		
Date Assigned:	08/10/2015	Date of Injury:	01/06/2005
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
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
 Certification(s)/Specialty: Emergency 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 63 year old male, who sustained an industrial injury on 1-6-05. The diagnoses have included bicipital tenosynovitis of the shoulder, shoulder tendinitis, infraspinatus sprain, spondylolisthesis, lumbar spinal stenosis, headaches and history of cervical fusion. Treatment to date has included medications, activity modifications, diagnostics, consultations, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 6-19-15, the injured worker complains of left sacroiliac, lumbar, right sacroiliac, sacral, cervical, right shoulder, thoracic, right arm and right clavicular pain. He complains of numbness and tingling right upper extremity, and right leg, ankle and foot. He also complains of dizziness and anxiety and stress. The current medications included Norco and Prilosec. The urine drug screen dated 2-2-15 was consistent with the medications prescribed. The objective findings reveal tenderness at the cervical spine, upper thoracic area and right shoulder. There is decreased cervical range of motion, decreased right shoulder range of motion and positive impingement, empty cans and Spurling's tests. The physician requested treatment included Norco 10/325mg #60 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #60, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left sacroiliac, lumbar, right sacroiliac, sacral, cervical, right shoulder, thoracic, right arm and right clavicular pain. He complains of numbness and tingling right upper extremity, and right leg, ankle and foot. He also complains of dizziness and anxiety and stress. The current medications included Norco and Prilosec. The urine drug screen dated 2-2-15 was consistent with the medications prescribed. The objective findings reveal tenderness at the cervical spine, upper thoracic area and right shoulder. There is decreased cervical range of motion, decreased right shoulder range of motion and positive impingement, empty cans and Spurling's tests. The treating physician has documented functional stability from this low opiate load narcotic and consistent drug screening. The criteria noted above having been met, Norco 10/325mg #60 is medically necessary.