

Case Number:	CM15-0161256		
Date Assigned:	08/28/2015	Date of Injury:	09/01/2001
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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:

This is a 72 year old male with a September 1, 2001 date of injury. Current diagnoses include chronic cervical strain; myofascial pain syndrome of the upper trapezius muscles; cervical spine herniated nucleus pulposus with severe stenosis; left shoulder post surgery adhesive capsulitis; chronic lower back pain with severe spinal stenosis; bilateral carpal tunnel syndrome; bilateral knee arthritis; severe depression. Treatments to date have included left shoulder surgery, medications, physical therapy, injections, transcutaneous electrical nerve stimulator unit, and imaging studies. A progress note dated June 22, 2015 documents subjective complaints (bilateral wrist pain; bilateral shoulder pain; left hand pain; bilateral knee pain; lower back pain; neck pain), objective findings (decreased range of motion of the left shoulder; tenderness of the bilateral wrists; bilateral grip weakness; decreased range of motion of the bilateral wrists; cervical spine tenderness; cervical paraspinal spasms; trigger points of the trapezius; occipital tenderness bilaterally; decreased and painful range of motion of the cervical spine; tenderness of the lumbar spine; lumbar paraspinal spasms; trigger points of the lumbar sciatic and paraspinals bilaterally; sacroiliac joint tenderness bilaterally; decreased range of motion of the lumbar spine; decreased sensation of the foot, calf, and thigh; decreased reflexes of the ankle and knee; abnormal gait; right knee swelling and effusion; medial joint line tenderness of the right knee; swelling of the left knee; medial joint line tenderness of the left knee), and The treating physician documented a plan of care that included Norco 7.5-325mg #90, 1 month supply for management of wrists, left shoulder, neck and low back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 90, 1 month supply for management of wrists, left shoulder, neck and low back symptoms, outpatient: Upheld

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

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

Decision rationale: 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 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 7.5/325 mg Qty 90, 1 month supply for management of wrists, left shoulder, neck and low back symptoms, outpatient is not medically necessary and appropriate.