

Case Number:	CM15-0163089		
Date Assigned:	08/31/2015	Date of Injury:	03/20/2014
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 27 year old male who sustained an industrial injury on 03-20-2014. He reported that while lifting a heavy chain weighing about 70 pounds, that he pulled his neck and low back. He also felt pain in his feet as well. Treatment to date has included medications, physical therapy, acupuncture and left shoulder surgery on 03-03-2015. On 06-30-2015, the injured worker was seen for ongoing low back and shoulder pain. Pain level continued to be around 7 or 8 on a scale of 1-10 even with 5 mg of Norco. The provider increased his Norco to the 10 mg tablet to see if he had better pain control. According to the most recent progress report submitted for review and dated 07-27-2015, the injured worker reported neck, shoulder and low back pain. He completed physical therapy. Chiropractic treatments were stopped because he was unable to tolerate it. He reported significant pain to the anterior portion of his cervical neck area over the sternocleidomastoid muscle and clavicle area. He reported that increasing the Norco from 5 mg twice a day to 10 mg twice a day did absolutely nothing. The provider noted that he would not increase dosage further. Botox was denied. Current medications included Norco 10-325 mg twice a day. Objective findings included no significant change, full range of motion of the left shoulder and minimal tenderness of the cervical spine. He was neurologically intact. Diagnoses included chronic low back pain, neck pain, bilateral shoulder pain, right shoulder pain and thoracic spine pain. The treatment plan included Norco 10-325 mg #60 with no refills and a second prescription with a do not fill date of 08-27-2015. The provider noted that weaning would need to be started over the next couple of months. He was to return in 2 months for a follow up.

Work status included limited use of the left shoulder. Currently under review is the request for Norco 10-325 mg # 60 and Norco 10-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

Decision rationale: Norco 10mg-325mg #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

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