

Case Number:	CM15-0180177		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2008
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey

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 57 year old female, who sustained an industrial injury on 2-1-2008. Medical records indicate the worker is undergoing treatment for cervical spine surgery in 2011 with residuals, right shoulder adhesive capsulitis, right shoulder surgery in 2010 and 2012 with residuals and status post right brachial plexus surgery in 2013 and insomnia. Records indicate the injured worker has consistently complained of right shoulder and neck pain since at least 7-9-2010. A recent progress report dated 8-14-2015, reported the injured worker complained of pain in the neck and right shoulder, rated 8 out of 10. Physical examination revealed cervical tenderness to palpation over the paraspinal muscles with "restricted range of motion" and tenderness to palpation over the right shoulder with "restricted range of motion". Treatment to date has included multiple surgeries, physical therapy, Ambien, Norco and Sentra PM. Records indicate the injured worker has been taking Norco since at least 5-21-2014. On 8-14-2015, the Request for Authorization requested Norco 10-325mg #60. On 9-3-2015, the Utilization Review noncertified a request for Norco 10-325mg #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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, reports stated pain levels around 9/10 on the pain scale with the use of medication, which isn't very significant. Also, there was insufficient mentioning of functional gains directly related to Norco use, which was chronic prior to this request for renewal. Therefore, without more evidence to suggest this medication was effective, it will be regarded as medically unnecessary at this time.