

Case Number:	CM15-0184391		
Date Assigned:	09/24/2015	Date of Injury:	01/23/1998
Decision Date:	11/18/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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, 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 57 year old female, who sustained an industrial injury on 1-23-1998. Medical records indicate the worker is undergoing treatment for chronic right shoulder pain with impingement syndrome, chronic neck pain, chronic left shoulder pain and chronic myofascial back pain. A recent progress report dated 8-4-2015, reported the injured worker complained of neck and bilateral shoulder pain. Physical examination revealed "significant improvement in range of motion" with abduction and flexion of the shoulders to 170 degrees bilaterally with spasm over the left trapezius. Treatment to date has included trigger point injections (50% pain and spasm relief-lasting 6 weeks), physical therapy, Percocet (decreased pain from 10 out of 10 to 5 out of 10), Cymbalta and Prilosec. The visit note on 3-5-2015 noted the injured worker was taking Norco and was switched to Percocet. On the 8-4-2015 visit, Percocet was discontinued and Norco was restarted. The physician is requesting Norco 10-325mg #120. On 8-18-2015, the Utilization Review noncertified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: 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 for chronic pain.

Decision rationale: CA MTUS Guidelines supports the use of opioids for short-term use in treatment of chronic pain. Long-term use is not appropriate except in instances of documented pain relief and improved functional status allowing the patient to resume work. In this case, the request provides no notes from the treating provider for review. There is no objective evidence of improved function with the use of Norco. There is no risk assessment for opioid use or urine drug screen available for review. There was no documentation of decreased use of opioids after beneficial injections. Therefore, based on the above lack of documentation and lack of improved function, the request for Norco is not medically necessary or appropriate.