

Case Number:	CM15-0191959		
Date Assigned:	10/06/2015	Date of Injury:	05/06/1998
Decision Date:	11/12/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female with a date of injury on 05-06-1998. The injured worker is undergoing treatment for status post right shoulder girdle arthroscopy with a total of three revisions for rotator cuff repairs, chronic right shoulder pain and complex regional pain syndrome, and cervical disc herniation at C5-C6 impinging the spinal cord. A physician progress note dated 08-13-2015 documents the injured worker has constant pain in the right side of her neck, severe cramps, burning sensation in her right shoulder and arm. She could hardly stand to move her arm or raise her arm at or above the shoulder level. She cannot function without her medications. She is self-procuring the cost of all her medications now because they are denied through the insurance carrier. Her pain is rated 8 out of 10, at its best a 4 out of 10 with meds and 10 out of 10 without medications. She reports a 50 % reduction in pain and functional improvement with medications versus not taking them at all. She is under a narcotic contract with the office. Urine drug screens have been appropriate. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, and multiple shoulder surgeries. Current medications include Norco (since at least 01-02-2015), Flexeril, Omeprazole, Methadone, Clonidine, Mobic, and Senokot. On 09-29-2015 Utilization Review non-certified the request for Norco 7.5/325 mg #45.

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 #45: 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: Norco 7.5/325 mg #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of return to work or significant objective increase in function and with pain rated 8/10. For these reasons, the request for continued Norco is not medically necessary.