

Case Number:	CM15-0193883		
Date Assigned:	10/07/2015	Date of Injury:	08/05/2013
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/03/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 8-5-13. The injured worker was diagnosed as having backache and shoulder pain. Treatment to date has included physical therapy, injections, and medication including Norco. Physical examination findings on 9-9-15 included limited lumbar spine range of motion. Paravertebral muscles spasm, tenderness, and tight muscle bands were noted bilaterally. Lumbar facet loading was positive bilaterally and a straight leg raise test was positive on the left. Hypertonicity and spasm was noted in the thoracic spine. Right shoulder movement was restricted due to pain and tenderness was noted in the glenohumeral joint and subdeltoid bursa. Hawkins test, Neer test, Speeds test, and O'Brien's test were positive. The physician's report dated 9-9-15 noted urine drug screens were consistent and the current medical regimen was effective for completion of independent activities of daily living. On 6-17-15 pain was rated as 6 of 10 with medication and 8 of 10 without medication. On 8-31-15 back pain was rated as 8-9 of 10 and shoulder pain was rated as 6 of 10. The injured worker had been taking Norco since at least November 2013. On 9-9-15, the injured worker complained of low back pain rated as 5 of 10 with medication and 8 of 10 without medication. On 9-16-15 the treating physician requested authorization for Norco 10-325mg #30 with 1 refill. On 9-22-15, the request was modified to exclude any refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 8-5-13. The injured worker was diagnosed as having backache and shoulder pain. Treatment to date has included physical therapy, injections, and medication including Norco. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #30 with 1 refill. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The recommends reevaluating pain and functional improvement using numerical scale every six months and comparing with baseline values if opioid is used for longer than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 03/2015, but with no overall improvement. The request is not medically necessary.