

Case Number:	CM15-0196257		
Date Assigned:	10/09/2015	Date of Injury:	09/26/2006
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male who sustained a work-related injury on 9-26-06. Medical record documentation on 9-3-15 revealed the injured worker was being treated for chronic left side neck pain, chronic left shoulder pain, migrainous headaches, traumatic brain injury with residual cognitive defects and upper lumbar central chronic pain. He reported ongoing neck, and left upper extremity pain and traumatic brain injury. He continued to do well on the current medication regimen with no adverse side effects or aberrant behaviors. The evaluating physician noted that medication documentation has not changed since the injured worker's 6-11-15 visit. He continued to stay active and busy with his son. His medication regimen on 9-3-15 included Norco 10-325 as needed, Sumatriptan 50 mg as needed for headache, Latuda, Viibryd and Nuedexta. The evaluating physician noted that there was "no significant change" in objective findings. On 6-11-15, the injured worker reported continued neck and left shoulder pain. He reported that Norco improved his pain from a 10 on a 10-point scale to a 5 on a 10-point scale. His medications allowed him to perform activities of daily living, become more active and to walk 20 minutes per day. Without his medications, he would struggle with activities. He was able to cook simple meals but not complicated meals and he was not able to perform a lot of household chores. He denied side effects to his medications and the evaluating physician noted there were no aberrant behaviors. A urine drug screen on 3-16-15 was negative for opioids. His pain rating on 6-11-15 was 8 on a 10-point scale. Objective findings on 6-11-15 included decreased range of motion of the left shoulder with elevation of the left shoulder to only about 30 degrees. On 9-25-15, the Utilization Review physician determined Norco 10-325 mg #30 between 10-3-15 and 11-22-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: 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.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 6/11/15. Therefore, the request is not medically necessary.