

Case Number:	CM15-0196418		
Date Assigned:	10/12/2015	Date of Injury:	11/11/2014
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
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:

The injured worker is a 49 year old female, who sustained an industrial injury on 11-11-2014. The injured worker was diagnosed as having left shoulder sprain-strain and myofascial pain, left shoulder impingement syndrome and adhesive capsulitis, chronic pain syndrome, and lumbar strain. Treatment to date has included physical therapy and medications. Currently (9-16-2015), the injured worker complains of left shoulder pain, rated 4 out of 10 (current, least, and average). Pain was rated 7 out of 10 on 8-10-2015 (current and average). Pain was described as burning, shooting, achy, throbbing, dull and pressure. Current medications included Norco and Naprosyn, noting that Norco "helps with pain". Medication related to another claim included Neurontin, Effexor XR, Flector patch, and Norco (#15 last received 3-2015). Exam noted decreased and painful range of motion of the left shoulder, about 75% of normal, and noted as "improved" (unchanged from 8-10-2015). There was diffuse tenderness and decreased and painful range of motion to her low back. She was "very motivated to return to her usual work duties but notes she is still limited with regard to left shoulder and low back pain". She was to continue physical therapy and electrical stimulator. She was to continue "stable Norco 5mg one per day #30" (since at least 5-12-2015) and Naprosyn. Work status was modified with restrictions. No aberrant behavior was described, a signed medication agreement was documented, along with implemented urine toxicology (results not submitted). The treatment plan included Norco 5-325mg #30, non-certified by Utilization Review on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: 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, criteria for use, Opioids, specific drug list.

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, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/16/15. Therefore the determination is not medically necessary.