

Case Number:	CM15-0196492		
Date Assigned:	10/12/2015	Date of Injury:	05/12/2008
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 5-12-08. The injured worker is diagnosed with right shoulder pain, rotator cuff syndrome, neck pain, and cervical degenerative disc disease and right cubital tunnel syndrome. Her work status is temporary total disability. A note dated 8-13-15 reveals the injured worker presented with complaints of neck, right arm and right elbow pain associated with right arm numbness. She also reports headaches. Physical examinations dated 4-23-15 -8-13-15 revealed tenderness in the upper trapezius, mid and upper spinal muscles and limited range of motion in the right shoulder. Treatment to date has included right shoulder SLAP repair, medications; Gabapentin, Celebrex, Vicodin (minimum of 6 months) and Robaxin, which reduces her pain from 7 out of 10 to 4-5 out of 10 and improves her quality of life, ability to sleep and engage in activities of daily living; load the dishwasher, laundry household chores-cleaning and cook per notes dated 8-13-15 and 4-23-15. Diagnostic studies to date have included electrodiagnostic studies (2010), right shoulder MRA (arthrogram) (2013), cervical spine MRI (2008), and a urine toxicology screen was consistent (per note dated 8-13-15). A request for authorization dated 8-24-15 for Norco 10-325 mg #150 is denied, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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, Opioids for neuropathic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the request is not medically necessary.