

Case Number:	CM15-0197151		
Date Assigned:	10/12/2015	Date of Injury:	07/13/2013
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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 43-year-old male, who sustained an industrial injury on 7-13-2013. Diagnoses include chronic low back pain, lumbar radiculitis, rotator cuff syndrome and shoulder impingement syndrome, status post left shoulder arthroscopy, and status post right shoulder arthroscopy. Treatments to date include activity modification, physical therapy, and medication therapy. On 9-13-15, he complained of bilateral shoulder pain. Current medications included Norco and Ibuprofen. Norco was noted to be prescribed since at least 5-15-14. The physical examination documented tenderness to bilateral shoulders. The plan of care included ongoing medication therapy. On 9-15-15, he complained of ongoing shoulder and low back pain. It was noted he was taking Norco, Lyrica, Naproxen and amitriptyline with good relief. Pain was rated 6 out of 10 VAS with medication and 10 out of 10 VAS without medication. It was further noted he is very active with medication use. The physical examination documented lumbar tenderness, positive straight leg raise test bilaterally, and decreased range of motion. The appeal requested authorization for Norco 10-325mg #120. The Utilization Review dated 9-25-15, modified the request to allow for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/13/15. Therefore, the determination is not medically necessary.