

Case Number:	CM15-0020475		
Date Assigned:	02/10/2015	Date of Injury:	03/25/2011
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 3/25/11. She has reported back pain with radiation to the left leg, neck and right shoulder pain. The diagnoses have included lumbar radiculitis, cervicgia and right shoulder pain. Treatment to date has included MRI of the right shoulder, physical therapy and oral medications. As of the PR2 dated 10/27/14, the injured worker reports constant pain in the right shoulder. The treating physician noted full range of motion but, a positive impingement sign. The treating physician requested to continue Norco 5/325mg #30. On 1/22/15, Utilization Review modified a request for Norco 5/325mg #30 to Norco 5/325mg #10. The utilization review physician cited the MTUS guidelines for chronic pain and opioids. On 2/3/15, the injured worker submitted an application for IMR for review of Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30 once a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, functionality, and abusive behavior. In this case, the patient suffered from low back, neck and shoulder pain. The clinical information provided does not document compliance with a pain management contract and does not completely document required monitoring process which is required to guide therapeutic decisions. In addition, there is no documentation of plans for weaning and discontinuing the opioid medications. Thus, Norco 5/325 #30 is not medically necessary and appropriate.