

Case Number:	CM15-0021811		
Date Assigned:	02/11/2015	Date of Injury:	02/21/2013
Decision Date:	04/07/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who reported an injury on 02/21/2013. The injury reportedly occurred when he was trying to restrain a student during an altercation. His past treatment has included medications, physical therapy, and surgery. On 12/03/2014, the injured worker presented with complaints of left shoulder pain, weakness, and decreased range of motion. He also reported neck pain and spasm. Physical examination revealed moderate tenderness to palpation over the left shoulder and positive impingement testing. He also had muscle weakness in all planes. His diagnosis was cervical spine musculoligamentous sprain/strain and status post left shoulder arthroscopy. Treatment plan included medication refills. His medications included Norco 5/325 mg 2 tablets per day, Prilosec 20 mg daily, and Fexmid 7.5 mg daily. The injured worker reported side effects of slight heart burn. He rated his pain 7/10 without meds and 3/10 to 4/10 with meds. He also reported improved function and ability to perform his activities of daily living, do work, participate in a therapy program, and to improve his sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional improvement, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review indicated that the injured worker has been using Norco for over 1 year. He was noted to have significant pain relief and functional improvement with the use of this medication. However, it was also noted that he reported a side effect of slight heartburn, which was not adequately addressed in the documentation. In addition, the documentation did not address whether he had had aberrant drug taking behavior, and there was no documentation of a urine drug screen within the last year which showed consistent results to verify compliance. For these reasons, continued use of Norco is not supported. In addition, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.