

Case Number:	CM15-0027122		
Date Assigned:	02/19/2015	Date of Injury:	11/08/2013
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male sustained a work related injury on 11/08/2013. According to a progress report dated 10/31/2014, the injured worker had been diagnosed with disc herniation and underwent compression but continued to be symptomatic. Current medications included Cymbalta, Norco, Tramadol, Ibuprofen and Ambien. The injured worker reported 20 percent relief of pain with Norco. He was taking Norco 4 times a day and ran out 2 days prior to office visit. Diagnoses included displaced lumbar intervertebral disc, unspecified thoracic/lumbar neuritis/radiculitis and issue repeat prescriptions. According to an office visit dated 12/12/2014, the injured worker complained of left shoulder pain. He described a sensation that his shoulder would become dislocated sporadically. He had left-sided shoulder pain since his injury. He had a history of rotator cuff tear of the right shoulder. The provider's noted impression included rotator cuff syndrome and lumbar degenerative disc disease, stenosis. Recommendations included Norco 10/325mg 4 per day. The injured worker reported that medications allowed him to participate in activities around the house. On 01/16/2015, Utilization Review modified Norco 10/325mg #120 with 1 refill. According to the Utilization Review physician, the injured worker has been taking opioid medication for an extended period of time. The cited guidelines recommend long-term opioid usage with clinical evidence of functional improvement or return to work, neither of which had been demonstrated in the provided records. The injured worker was being tapered off of opioid medication and weaning will continue. CA MTUS Chronic Pain

Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco for over 5 months, which is in excess of the recommended 2-week limit. The prior reviewer noted that the patient was receiving minimal relief from the medication and warranted a tapering dose to wean off the medication. As such, the request for Norco 325/10mg #120 with one refill is not medically necessary.