

Case Number:	CM15-0221094		
Date Assigned:	11/16/2015	Date of Injury:	12/08/2004
Decision Date:	12/24/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial-work injury on 12-8-04. The injured worker was diagnosed as having labral tear of left shoulder, SLAP (superior labrum anterior-posterior) type, shoulder pain, myofascitis, cervicobrachial syndrome, and depression. Treatment to date has included medication: Clinoril, flexeril, Biofreeze (topical) and Norco, trigger point injections, cognitive behavior therapy, modified duty, and ice application. MRI results were reported to reveal labral tear, SLAP (superior labrum anterior-posterior) type. Currently, the injured worker complains of left shoulder pain and stiffness with spasm that is radiating at 3-4 out of 10. Per the primary physician's progress report (PR-2) on 8-12-15, gait was antalgic, mood was angry, diminished range of motion, spasm, tenderness to palpation to left greater than right shoulder musculature over the AC (acromioclavicular) joint that ached-hurt, spasm at trapezius, left greater than right. The Request for Authorization requested service to include Norco 10/325mg every 12 hours #45 with 2 refills (Rx 11/03/15) Qty: 135.00. The Utilization Review on 11-10-15 modified-denied the request for Norco 10/325mg every 12 hours (Rx 11/03/15) Qty: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 12 hours #45 with 2 refills (Rx 11/03/15) Qty: 135.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, differentiation: dependence & addiction, Opioids, dealing with misuse & addiction, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and 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 since in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg is not medically necessary.