

Case Number:	CM15-0030427		
Date Assigned:	02/24/2015	Date of Injury:	10/14/2013
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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

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 40-year-old female, who sustained an industrial injury on 10/14/2013. She has reported subsequent head, neck, hip, and knee and shoulder pain and was diagnosed with chronic left knee sprain, chronic lumbosacral, cervical, right shoulder and left hip sprain and loss of sensation in the left lower extremity. Treatment to date has included oral and topical pain medication and chiropractic therapy. In a progress note dated 11/03/2014, the injured worker complained of continuing head, neck, lower back, right shoulder, bilateral hip, and bilateral knee pain. Objective physical examination findings were notable for tenderness and slight swelling of both knees with reduced range of motion, paracervical, and paralumbar tenderness with spasm, bilateral sacroiliac and trochanteric tenderness, right shoulder acromioclavicular and rotator cuff tenderness and reduced range of motion of the shoulders. The physician noted that Norco was providing pain relief, that no significant side effects were reported and that there was no evidence of abuse or non-compliance with the medication. A request for authorization of Norco refill was made. On 01/27/2015, Utilization Review non-certified a request for Norco, noting that there was insufficient documentation of functional improvement. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. 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 in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.