MAXIMUS Federal Services

Case Number:	CM15-0031085		
Date Assigned:	03/03/2015	Date of Injury:	10/19/2009
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on November 1, 1996. He has reported neck and shoulder girdle pain and muscle spasm. The diagnoses have included Status post left shoulder arthroscopy with type II acromion, cervical sprain/strain with severe underlying spondylosis with chronic neck pain, cervicogenic headaches and muscle spasms. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention, conservative therapies, pain medications and work restriction. Currently, the IW complains of neck and shoulder girdle pain and muscle spasm. The injured worker reported an industrial injury in 1996, resulting in the above pain. He was treated conservatively and surgically without resolution of the pain. Evaluation on December 2, 2014, revealed worsening pain. He reported manual traction helped lessen the pain. Manual traction was performed and pain medications were renewed. Urine drug screens were reported as appropriate. Evaluation on January 29, 2015, revealed continued pain. Pain medications were renewed and manual traction was performed. It was noted he was unable to function without pain medications secondary to severe pain. On January 20, 2015, Utilization Review non-certified a request for Norco 10/325 #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are set post left shoulder arthroscopy with type II acromion; cervical sprain/strain with severe underlying spondylosis with chronic neck pain and cervicogenic headache and muscle spasms. The date of injury was November 1, 1996. A QME dated February 20, 2007 shows the injured worker was taking Norco at that time. The progress note dated January 2015 shows the injured worker is still taking Norco. Although the documentation contains a subjective pain scale, there is no documentation of objective functional improvement as it relates to ongoing Norco. Additionally, the treating provider has provided Norco for at least nine years. The total duration for Norco use is unclear from the documentation. There is no detailed pain assessment(s) in the medical record. There were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco 10/325 mg, Norco 10/325 mg #120 is not medically necessary.