

Case Number:	CM15-0039796		
Date Assigned:	03/10/2015	Date of Injury:	07/28/2005
Decision Date:	08/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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 male with an industrial injury dated 07/28/2005. The injured worker's diagnoses include status post cervical fusion, cervical discogenic disease, C3-4 herniated nucleus pulposus of 3.6mm, status post right shoulder surgery with residuals and compensatory left shoulder impingement. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. In a progress note dated 01/09/2015, the injured worker reported chronic cervical spine pain status post cervical spine fusion and right shoulder pain. The injured worker also reported intermittent left arm pain and positive numbness and tingling of the hands. The injured worker rated pain a 2/10 with medications and an 8/10 without medications. Objective findings revealed decreased cervical range of motion, pain with rotation, and tenderness in bilateral cervical paravertebral and bilateral trapezius, left greater than right. Positive trigger points in the cervical paravertebral and bilateral trapezius were also noted on exam. Left shoulder exam revealed positive impingement sign and pain with range of motion. The treating physician prescribed Norco 10/325mg x 180 tabs now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Dosing.

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 10/325mg 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post cervical fusion; cervical discogenic disease; C3 -C4 herniated nucleus pulposus 3.6 mm; status post right shoulder surgery times one with residuals; and compensatory left shoulder impingement. The date of injury is July 28, 2005. The request for authorization date is January 28, 2015. The earliest progress note in the medical record is dated January 9, 2015. There is no start date in the medical record for Norco. There are no progress notes prior to the January 9, 2015 progress note, and, as a result, subjective and objective functional improvement cannot be determined. Subjectively, according to the January 9, 2015 progress note, the injured worker has neck and right shoulder pain and left arm pain. Objectively, there is decreased range of motion of the cervical spine with tenderness to palpation over the paraspinal muscle groups with trigger points. There is left shoulder positive impingement. The treatment plan states continue Norco, Anaprox and Zanaflex. There is no quantity for the Norco 10/325mg. There is no documentation demonstrating objective functional improvement. There are no risk assessments. There are no detailed pain assessments. Consequently, absent clinical progress note documentation with subjective complaints and objective findings prior to the January 9, 2015 progress note, a quantity to be dispensed, detailed pain assessments, risk assessments and attempted weaning, Norco 10/325mg is not medically necessary.