MAXIMUS Federal Services

Case Number:	CM15-0041045		
Date Assigned:	03/11/2015	Date of Injury:	06/25/2013
Decision Date:	04/15/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/04/2015

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 57 year old male who sustained a work related injury June 25, 2013. While trying to avoid hitting another vehicle, the truck he was driving rolled over several times. He had stiffness of the cervical spine, burning of the left shoulder and sharp pain in the thoracic spine that radiated to the left lower extremity. Past history includes s/p left shoulder arthroscopy with repair of large labral tear. According to a primary treating physician's progress report, dated January 21, 2015, the injured worker presented for a follow-up examination of the left shoulder, cervical and lumbar spine. He continues to experience pain to all body parts, rated 8/10. There is some improvements to the left shoulder but does continue with weakness to the internal and external rotation as well as pain and decreased range of motion to the cervical spine. Treatment plan included request for additional physical therapy for the left shoulder and lumbar spine, urine drug toxicology and prescription for Norco. Diagnoses include rotator cuff (capsule) sprain and displacement of cervical intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, forty count: Upheld

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

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 # 40 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 workers working diagnoses are rotator cuff sprain; displacement of cervical intervertebral disc without myelopathy; and displacement of lumbar intervertebral disc without myelopathy. The documentation shows Norco was prescribed on July 16, 2014. The injured worker was pending arthroscopy of the left shoulder. In July 2014, the injured worker underwent arthroscopy. In a progress updated January 21, 2015 the injured worker was still taking Norco 10/325 mg. There has been no reduction in dose or frequency. There has been no attempt at weaning. The documentation does not contain evidence of objective functional improvement. There are no detailed pain assessments (with ongoing opiate use) in the medical record. The treating physician was instructed to start weaning the injured worker off Norco on January 5, 2015. Consequently, absent compelling clinical documentation with objective functional improvement, detailed pain assessments and risk assessments, with no attempt at weaning, Norco 10/325 mg #40 is not medically necessary.