

Case Number:	CM15-0042853		
Date Assigned:	03/13/2015	Date of Injury:	01/16/2007
Decision Date:	04/20/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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
 Certification(s)/Specialty: Emergency 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 56 year old female who sustained an industrial injury on 01/16/2007. Diagnoses include sprain/strain of the cervical spine with right-sided radiculopathy, strain/sprain of the right shoulder with rotator cuff tendinosis, right ulnar neuritis, and status post right shoulder arthroscopy with SAD, DCR and debridement of the rotator cuff. Treatment to date has included medications, cervical facet block injections, and home exercise program. A physician progress note dated 02/25/2015 documents the injured worker complains of neck pain and stiffness with pain radiating down her right shoulder; she rates her pain at 4-5 on a scale of 1-10. She has right shoulder pain, which she rates as 5 out of 10. She takes 2 to 3 tablets of Norco, and takes 2 Nabumetone pills a day and she reports functional improvement and improvement in her pain with her current medication regimen. Treatment requested is for Norco 10/325 MG Qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 MG Qty 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain and stiffness with pain radiating down her right shoulder; she rates her pain at 4-5 on a scale of 1-10. She has right shoulder pain, which she rates as 5 out of 10. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 MG Qty 90 is not medically necessary.