

Case Number:	CM15-0052400		
Date Assigned:	03/25/2015	Date of Injury:	03/21/2013
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained a work related injury March 21, 2013. She was assaulted by being pushed repeatedly against a wall and choked. There was pain noted left shoulder, neck, posterior scalp laceration, and mild pain and swelling of the distal left fourth finger. She was treated with medication for pain, chiropractic and physiotherapy, and hot and cold wraps. History included hypertension. According to a treating physician's follow-up evaluation, dated February 5, 2015, the injured worker complains of persistent neck pain with headaches and low back pain with muscle spasms, stiffness and tightness. There is pain in the left shoulder radiating down the arm. The physician noted a previous MRI of the left shoulder revealed a labral tear. Diagnoses are impingement syndrome of left shoulder with tendinosis and anteroinferior labral tear; cervical strain; and thoracic and lumbar sprain. Treatment plan included referral to physiatry, authorization for medications, and continue with conservative treatment. The patient had received left shoulder cortisone injection. The patient had received physical and chiropractic visits for this injury. The patient had used a TENS unit for this injury per the doctor's note dated 3/13/15 patient had complaints of pain in neck and low back. Physical examination revealed tenderness on palpation over back, neck and shoulder. The patient has had MRI of the left shoulder that revealed RCT. The medication list include Norco, Nalfon, Protonix and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, and criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response concerning pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient. Therefore, this request is not medically necessary.