

Case Number:	CM15-0056938		
Date Assigned:	04/01/2015	Date of Injury:	08/07/2012
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/25/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 32-year-old female sustained an industrial injury to the neck and shoulder on 8/7/12. The injured worker was diagnosed with a dislocated clavicle. The injured worker suffered ongoing headaches and pain to the neck, chest and left arm. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, trigger point injections and medications. In a SOAP note dated 1/16/15, the injured worker complained of a six-day history of severe neck pain that led to a migraine. The injured worker reported only being able to sleep for two hours at a time at the most. The injured worker also complained of ongoing shoulder and chest wall pain with numbness to the left arm. Current diagnoses included pain in joint involving the shoulder region, cervicgia and occipital headache. The treatment plan included administering trigger point injections during the office visit, medications (Norco and Toradol) and gentle stretching as needed. The physician noted that Toradol was administered because of the severity and length of the headache. The physician also noted that the injured worker rarely took Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 8/7/12. The medical records provided indicate the diagnosis of shoulder region, cervicgia and occipital headache. Treatments have included physical therapy, acupuncture, trigger point injections and medications. The medical records provided for review do not indicate a medical necessity. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate she has been using this medication at least since 10/2014, but with no improvement in pain or function, she has remained off work.