

Case Number:	CM15-0057225		
Date Assigned:	04/02/2015	Date of Injury:	12/09/2013
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
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: New Jersey

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 46 year old female, who sustained an industrial injury on December 9, 2013. She reported sustaining an injury to her back while pushing a vanity with a marble top. The injured worker was diagnosed as having cervical pain, thoracic pain, left rotator cuff tear, left shoulder impingement syndrome, and left shoulder tenosynovitis. Treatment to date has included a functional capacity evaluation, left shoulder MRI, chest CT, physical therapy, cortisone injection, and medication. Currently, the injured worker complains of occasional mild upper/mid back pain and occasional mild to 2/10 left shoulder pain. The Primary Treating Physician's report dated March 6, 2015, noted the injured worker's cervical spine pain had gotten better since the previous visit. The thoracic spine's mild tenderness to palpation had gotten better since the previous visit as had the left shoulder. Supraspinatus press and shoulder apprehension were noted to cause pain. The treatment plan was noted to include requests for authorization for Norco and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed at the time of this request, including a report of significant pain reduction and functional gain directly related to the use of Norco. Also, there was a reported mild occasional pain in the shoulder and upper/mid back for which Norco was used. This doesn't seem severe enough to warrant ongoing prescriptions and use of Norco. Therefore, the Norco will be considered medically unnecessary. Weaning may be indicated.