MAXIMUS Federal Services

Case Number:	CM15-0062368		
Date Assigned:	04/08/2015	Date of Injury:	08/16/2001
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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 58-year-old female, who sustained an industrial injury on 8/16/2001. She reported a fall with injury to the right and left upper extremities and she subsequently developed neck and upper back pain. Diagnoses include neck pain, upper extremity pain, chest and rib pain, and left shoulder pain. She is status post multiple left shoulder surgeries, status post right shoulder arthroscopy, and left brachial nerve decompression. Treatments to date include medication therapy, physical therapy, joint injections, and a home TENS unit. Currently, she complained of ongoing bilateral shoulder, left arm, and upper back pain rated 7/10 VAS. The neck pain was associated with right arm numbness and tingling. A thirty day trial of a home TENS unit with medications was documented to bring pain down to 3/10 VAS. On 3/12/15, the physical examination documented limited range of motion of the left shoulder and tenderness with palpation. The cervical spine was tender with limited range of motion. The plan of care included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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, although the most recent progress note discussed the TENS unit use more than the Norco use, a recent progress note from 2/12/15 discussed clear pain reduction with use (from 9/10 to 3/10 on average) and increased ability to function doing housekeeping and walking. A report of no side effects was also included in this progress note. Considering the recent review of the Norco use being beneficial and appropriate, the request for continuation of Norco is reasonable and is medically necessary at this time.