

Case Number:	CM15-0080164		
Date Assigned:	05/01/2015	Date of Injury:	03/31/2007
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male who sustained an industrial injury on 3/31/07. The injured worker reported symptoms in the left shoulder, neck and left upper extremity. The injured worker was diagnosed as having chronic neck pain, pain in joint shoulder, cervical radiculopathy and cervicgia. The MRI of the cervical spine showed multilevel disc bulges. The EMG/NCV of the upper extremities showed bilateral cervical radiculopathy and bilateral carpal tunnel syndrome. Treatments to date have included status post left shoulder arthroscopy, status post right shoulder arthroscopy (non-industrial, 2013), oral pain medication, exercise, nonsteroidal anti-inflammatory drugs and activity modification. On 3/25/2015, the injured worker complains of discomfort in the left shoulder and neck pain radiating to the upper extremities. The pain score was rated at 7-0/10 on a 0 to 10 scale. There was decreased range of motion of the cervical spine and positive Spurling test. The plan of care was for medication prescriptions and a follow up appointment at a later date. The medication listed are Norco, naproxen and omeprazole.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDS and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The records did not show the guidelines mandated documentation of compliance monitoring of UDS, absence of aberrant behavior and functional restoration. There is no documentation of failure of treatment with non opioid co-analgesics such as anticonvulsants that the guidelines recommend be utilized for the treatment neuropathic and radiculopathic pain. The criteria for the use of Norco 5/325mg # 90 was not met and the request is not medically necessary.