

Case Number:	CM15-0080848		
Date Assigned:	05/01/2015	Date of Injury:	12/16/2010
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, 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:

The injured worker is a 40-year-old male, with a reported date of injury of 12/16/2010. The diagnoses include headaches, neck pain, left cervical facet joint syndrome, left shoulder pain, left rotator cuff impingement, acromioclavicular joint arthrosis, and superior labral tear, mild traumatic brain injury with memory difficulties, and low back pain. Diagnostic tests have included computerized tomography (CT) scan of the head, CT scan of the cervical spine, an MRI of the cervical spine, oral medications, an MRI of the left shoulder, an MRI of the brain, and electrodiagnostic studies of the left upper extremity. Treatment includes left cervical radiofrequency ablation. The progress report dated 03/06/2015 indicates that the injured worker had ongoing neck and bilateral shoulder pain. His current pain level was 5 out of 10. His average pain over the past month was 5 out of 10, getting as high as 8 out of 10, and going down to 2 out of 10 with medications. It was noted that the Norco took effect within 30 minutes and provided relief for 4 hours. The urine drug screen on 12/02/2014 was consistent with his medications. The objective findings were documented as no significant change. The progress report dated 02/06/2015 indicates that the injured worker's current pain level as 4 out of 10. His average pain over the past two months was 5 out of 10, getting as high as 7 out of 10, and going down to 3 out of 10 with medications. The objective findings include tenderness on palpation to the paraspinal muscles more on his left side, painful range of motion of the cervical spine at the endpoint with forward flexion, left lateral bending, and extension, and tenderness to palpation of the left shoulder. The treating physician requested Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 (do not fill until 4/6/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12/16/2010. The medical records provided indicate the diagnosis of headaches, neck pain, left cervical facet joint syndrome, left shoulder pain, left rotator cuff impingement, acromioclavicular joint arthrosis, and superior labral tear, mild traumatic brain injury with memory difficulties, and low back pain. Treatment includes left cervical radiofrequency ablation. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #6; 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 medical records reviewed indicate the injured worker's use of opioids predates 09/2012; although he is reported to have an improvement in pain with medication use, there is no overall improvement in function and quality of life. The MTUS recommends that when an individual is on long-term treatment with opioid the pain level should be compared with baseline level, and that attempt should be made at the use of non-opiate medications, but the record does not appear to be the case in this case. Also, the medical record does not indicate the injured worker is properly monitored for pain control. Additionally, the severity of pain seems to have been the same when the injured worker went for three weeks without the Norco, but on Ibuprofen alone.