

Case Number:	CM15-0083717		
Date Assigned:	05/06/2015	Date of Injury:	10/01/2000
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57-year-old female, who sustained an industrial injury on May 1, 2000. She reported neck and shoulder pain. The injured worker was diagnosed as having status post remote cervical surgery, status post remote left shoulder surgery and rule out cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the cervical spine and left shoulder, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued neck and left shoulder pain with pain radiating down the left upper extremity. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 24, 2014, revealed continued pain. Medications and a TENS unit were renewed. Evaluation on January 23, 2015, revealed continued pain as noted. She continued ibuprofen and a medication to protect the stomach. Evaluation on February 20, 2015, revealed continued pain as noted. Evaluation on March 13, 2015, revealed continued pain in the neck and left shoulder as noted. It was noted she had failed Cox-2 inhibitors and had gastrointestinal upset with non-steroidal anti-inflammatory. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 57 year old female has complained of neck and shoulder pain since date of injury 5/1/00. She has been treated with surgery, TENS, physical therapy and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.