

Case Number:	CM15-0234295		
Date Assigned:	12/09/2015	Date of Injury:	07/11/1997
Decision Date:	01/14/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/30/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 55 year old male with a date of injury on 7-11-97. A review of the medical records indicates that the injured worker is undergoing treatment for neck and left shoulder pain. Progress report dated 10-22-15 reports continued complaints of neck and left shoulder pain rated 7 out of 10. The pain is constant, achy, intermittent and burning with radiating pain from the neck to the left shoulder and scapular region. The injured worker requested hydrocodone, which helps decrease the pain and increase activity. Objective findings: spasm noted in cervical paraspinal muscles and stiffness noted in the cervical spine, tenderness at left acromioclavicular joint and glenohumeral joint, left shoulder abduction and forward flexion 120 degrees and strength in 4 out of 5 in the left shoulder. MRI left shoulder 7-17-14 showed infraspinatus tendinosis and small interstitial tear. Treatments include: medications, acupuncture. According to the medical records, the injured worker has been taking Norco since at least June 2014. Request for authorization was made for Norco 10-325 mg quantity 90. Utilization review dated 11-13-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not medically necessary at this time.