

Case Number:	CM15-0241129		
Date Assigned:	12/18/2015	Date of Injury:	06/18/2002
Decision Date:	01/25/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/10/2015

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: North Carolina
 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 55 year old male who sustained an industrial injury on 06-18-2002. Medical records indicated the worker was treated for right shoulder pain. Diagnoses include cervical degenerative disc disease status post 3 level cervical fusion surgeries at the C3-C6 levels (2003), and right shoulder tendonitis, bursitis, and degenerative joint disease. In the provider notes of 11-11-2015, the worker rates his pain as a 3.5 on a scale of 1-10. His pain without medications is rated as a 7 on a scale of 1-10. His pain has not changed in location, and he denies new injury, problems or side effects with his medications, or any symptoms other than pain. He is stable on his medications, which allow him to participate in his daily life and perform activities of daily living. He exhibits no adverse behavior to indicate addiction, he has a signed opiate agreement on file, and periodic opiate reduction and weaning is attempted. Current medications include Norco (since 10-22-2014), Lipitor, Lotrel, Metoprolol, Requip, and Zetia. Urine toxicology screens and check of CURES were consistent with medications ordered. The plan is for a right shoulder injection and continuation of his medications. A request for authorization was submitted for 1 prescription of Norco 10/325mg #120 with 1 refill. A utilization review decision 11-20-2015 modified the request to approve certification of 1 prescription of Norco 10/325mg #90 with no refill between 11-11-2015 and 05-16-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) if the patient has returned to work, or (b) if the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 7/10 to a 3.5/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.