

Case Number:	CM14-0132451		
Date Assigned:	08/22/2014	Date of Injury:	01/05/2011
Decision Date:	09/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with date of injury 1/5/2011. The most recent clinical note provided for review is the primary treating physician's progress report dated 4/11/2014. The injured worker reports that pain level has increased since last visit. Quality of sleep is poor. His activity level has decreased. He is taking his medications as prescribed. He states that medications are working well with no side effects reported. He states he was provided with Norco, but not Conzip, and medication regimen is working well to manage his pain. He reports increased cervical pain with radiating symptoms down right upper extremity, and he notes constant numbness sensation. Prior cervical epidural steroid injection was ineffective. On examination he appears to be mildly depressed, in moderate pain and frustrated. He does not show signs of intoxication or withdrawal. He ambulates without a device and gait is normal. Movements of the neck are restricted with flexion limited to 25 degrees, extension limited to -20 degrees with pain. Spurling's maneuver causes radicular symptoms on the right. Tenderness is noted in the cervical spine and trapezius. Muscle tone of trapezius is increased and there is palpable tenderness on both sides. Right shoulder movements are restricted with flexion limited to 85 degrees, extension limited to 20 degrees, abduction limited to 85 degrees, internal rotation behind body limited to 25 degrees (L4) and external rotation limited to 25 degrees. Hawkins test is positive and Neer test is positive. Empty can test is positive, and Speeds test is positive. On palpation, tenderness is noted in the acromionclavicular joint, biceps groove, genohumeral joint and greater tubercle of humerus. Motor testing is limited by pain, with grip strength 5-/5 bilaterally, shoulder flexor's 5/5 on right and 5-/5 on left. Biceps reflex is 2/4 bilaterally, brachioradialis reflex is 2/4 bilaterally, and triceps reflex is 2/4 bilaterally. Diagnoses include 1) cervical pain 2) cervical radiculopathy 3) disc disorder cervical 4) shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The clinical documents provided for review state that the injured worker is benefiting from the current medication regimen, but this benefit is not described. Pain reduction, functional improvement and quality of life are not described by the clinical reports as evidence of benefit from the medications. Aberrant behavior assessment is also not provided. As such, the request is not medically necessary.