

Case Number:	CM14-0134745		
Date Assigned:	08/27/2014	Date of Injury:	06/04/2008
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 45 year-old male who reported an injury on 06/04/2008 due to falling. His diagnoses included shoulder pain, cervical pain, low back pain, muscle spasms and lumbar radiculopathy. His past treatments included pain medications, injection therapy, medial branch blocks, tens unit therapy, physical therapy, home exercise program, acupuncture, and massage therapy. Previous diagnostics included electrodiagnostic studies of the bilateral lower extremities and an MRI of the left shoulder. The injured worker underwent a lumbar spine disc replacement in 1999, two unspecified left shoulder surgeries in 2010 and 2011, and a left shoulder arthroscopic rotator cuff repair on 10/15/2013. On 07/17/2014, the injured worker complained of poor quality of sleep, a normal activity level, and no new side effects from the pain medication. The physical examination findings revealed moderate generalized pain, a slow gait, no signs of intoxication or withdrawal, painful and decreased range of motion, and positive cervical and lumbar facet loading. His medications included Norco 10-325mg as needed for pain and Lyrica 75mg for neuropathic pain. The treatment plan was for the continuation of pain medication specifically, Norco 10/325mg #90. The rationale for the request was not provided. The request for authorization form was not provided for the review.

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 Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The injured worker has a history of shoulder pain, low back pain, cervical pain, muscle spasms and lumbar radiculopathy. The injured worker stated that none of the treatments alleviated his pain except for pain medications. In regard to on-going opioid use, the California MTUS guidelines require periodic review and detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was insufficient quantifiable documentation in regard to pain relief with the use of the pain scale, or documentation of functional status included to warrant ongoing opioid therapy. As there was insufficient documentation showing that the injured worker has received significant pain relief and improvement in physical and psychosocial functioning, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.