

Case Number:	CM14-0045202		
Date Assigned:	06/27/2014	Date of Injury:	11/26/2011
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, 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 58 year old male who sustained an injury on 11/26/11 while lifting an item from a truck. Complaints of pain in the shoulders and cervical spine are noted. Prior treatment included multiple trigger point injections and intraarticular shoulder injections. Physical therapy treatment is noted. Medications included ongoing use of Norco for pain. The injured worker did not wish to pursue any surgical intervention. He was found to be permanent and stationary in 10/13. The injured worker was seen on 02/04/14 with ongoing complaints of chronic left shoulder pain. The injured worker described difficulty sleeping on his left side at night due to left shoulder pain and was unable to perform normal activities of daily living due to limited range of motion in the left shoulder. Norco use was up to four times per day. The injured worker reported duration of benefit between two and four hours. Pain score was 6/10 visual analogue scale (VAS) and averaged between 8 to 7 and 8/10 on VAS. Without medications pain was severe 10/10. Physical exam noted tenderness to palpation in the left shoulder and cervical spine primarily over the paraspinal musculature and infraspinatus musculature. There was mild weakness on abduction and at the biceps in the left upper extremity. Range of motion was limited in the left shoulder. The injured worker was recommended for diagnostic suprascapular nerve block. There were recommendations for further trigger point injections at the left shoulder. No aberrant drug behavior noted. Use of this medication was not recommended for longer than three months at a time. Agreed medical evaluation on 02/13/14 indicated the injured worker had approximately 70% relief with Norco in terms of left shoulder pain. Normal activities of daily living while utilizing this medication is noted. At this visit the injured worker wished to consider possible surgical intervention to the left shoulder. The requested Norco 5/325mg, #120 two units were denied by utilization review on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg # 120, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the request for Norco 5/325mg quantity 120, 2 units; this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker had been utilizing Norco for approximately one year at a rate of four per day. With medications the injured worker was reporting 70% pain relief however the 02/04/14 clinical record noted that the pain scores averaged between 7 and 8/10 on VAS with severe pain 10/10. There was no indication of any clear functional improvement with continuing use of Norco and there was no evidence of substantial pain reduction as recommended by guidelines. Given the lack of clinical documentation regarding any clear efficacy with the use of Norco in terms of pain management in terms of pain improvement and functional pain reduction and functional improvement this reviewer would not have recommended this request as medically necessary.