

Case Number:	CM14-0080574		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2002
Decision Date:	10/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 47 year old male who sustained an injury on 10/10/02 while jumping over wires. The injured worker indicated his feet tangled in the wires and he felt the left side developing left shoulder and low back pain. The injured worker previously obtained multiple epidural steroid injections with no long term improvement. The injured worker also received injections into the left shoulder and was found to have rotator cuff repair which for which surgery was recommended. There was also consideration for lumbar spine surgery. It appeared the injured worker had a lumbar spine fusion between L4 and S1 in 08/08 without significant improvement. The injured worker was also followed for concurrent depression and anxiety as a result of chronic pain. Prior medication use included gabapentin anti-inflammatories and Norco. The injured worker had prior inconsistent urine drug screen results with noted positive findings for alcohol and negative findings for opioids. Clinical record from 04/15/14 noted the injured worker had persistent pain 6/10 which was decreased to some extent with Norco. The injured worker was avoiding chores during the day due to increased pain. On physical examination there was limited range of motion in the cervical spine and lumbar spine. Evaluation from 04/23/14 noted the injured worker had persistent complaints of low back pain and neck pain which had recently been approved with medial branch blocks. Medications at this visit included gabapentin naproxen and Norco. Physical examination noted tenderness to palpation over the cervical paraspinal musculature and facet joints with restricted range of motion of the cervical spine left shoulder and low back pain. And low back. The injured worker reported Norco was providing 50% improvement with the ability of the injured worker to improve functional abilities. There was clarification indicating the injured worker was not taking Norco at the time of the prior urine drug screen from 02/14. There was no indication of any misuse or diversion. Follow up on 05/28/14 noted no change in symptoms or physical examination findings. The injured worker

was unable to be functionally active without the use of Norco. Again the injured worker reported 50% improvement overall in terms of pain with improvement of functional ability. The requested Norco 10/325mg #60 with one refill was denied by utilization review on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This reviewer would not have recommended the request for Norco 10/325mg #60 with one refill as medically necessary. Although the clinical documentation submitted for review notes functional improvement obtained with Norco and pain relief the amount of narcotics requested would be considered excessive. Per guidelines there should be ongoing evaluations to determine the efficacy of short acting narcotics such as Norco in terms of functional benefit and pain relief. Additional refills of Norco would not be supported as medically appropriate without corresponding documentation of establishing ongoing benefits obtained with the medication. Therefore this reviewer would not have recommended this request as medically necessary.