

Case Number:	CM13-0071671		
Date Assigned:	01/08/2014	Date of Injury:	08/01/2009
Decision Date:	01/23/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a date of injury of 8/1/2009 which occurred when opening and closing the door with her right hand and using abduction/adduction maneuver with the shoulder. She developed neck and left shoulder blade pain. Subsequent treatments were physical therapy, chiropractic treatment, acupuncture, diagnostic studies, medications, radiology studies, and referred to pain management for follow up. The injured worker also had left shoulder arthroscopic subacromial decompression surgery on 2/12/2013. Follow up visit with MD on 6/6/2013 noted that the injured worker had improvement from physical therapy and pain medication (Norco) but continues with stiffness and soreness. The injured workers diagnosis was cervical spondylosis and stenosis, possible left upper extremity radiculopathy, left shoulder impingement syndrome and partial rotator cuff tear with an industrial aggravation of a pre-existing degenerative condition. The injured worker continues with complaints of neck pain radiating into the left shoulder down the left upper extremity to the hand with swelling in the hand and has difficulty sleeping. On 12/24/2013 the Utilization Review modified Norco 10/325mg 1 by mouth every 4-6 hours # 150 with 1 refill per the California MTUS, chronic pain, given the addictive properties of the medication would be for modified for appropriate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 PO Q4-6 Hours #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325MG 1 by mouth every 4-6 hours #150 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines states that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Norco without significant functional improvement. Therefore, the request for Norco 10/325MG 1 by mouth every 4-6 hours #150 with 1 refill is not medically necessary.