

Case Number:	CM15-0110864		
Date Assigned:	06/26/2015	Date of Injury:	10/13/2011
Decision Date:	07/31/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old male, who sustained an industrial injury on 10/13/11. He reported bilateral shoulder and cervical spine pain while unloading and stacking pallets of paper. The injured worker was diagnosed as having cervical spine myofascitis with radiculitis, rule out cervical spine disc injury and rotator cuff tear of right shoulder. Treatment to date has included Dynasplint, cortisone injections, therapy, TENS unit and Motrin. Updated (MRI) magnetic resonance imaging performed on 1/2/15 revealed mild tenodesis. Currently on 4/21/15, the injured worker complains of pain level 9 from sleeping and 2-3 flare up daily after resting. On 2/21/15, the injured worker complained of continued neck and right shoulder pain with limited movement along with back spasms. On 6/20/14, the injured worker complained of frequent sharp, aching, stiff pain of left and right shoulder rated 7-8/10 and frequent sharp, aching, stiff pain in the neck rated 7-8/10. It is noted Norco decreased pain by 50%. His work status remains permanent and stationary. Physical exam noted limited range of motion to the shoulders with the right greater than left and weakness to the shoulder was noted 5/5. The treatment plan included continuation of Norco. A request for authorization was submitted for Norco 10/325mg #90 on 5/5/15.

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 Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78-80, 124.

Decision rationale: According to CA MTUS guidelines long-term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. A Urine Drug Test was not submitted for review. Documentation did not indicate the length of time the injured worker had received Norco. There was documentation that Norco relieved pain by 50% and improved ADL's, however the ongoing management actions as described in the MTUS which include the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors were not addressed and without this information it is not possible to determine if continued use is medically necessary. Therefore, the request for Norco 10/325mg #90 is not medically necessary.