

Case Number:	CM15-0112618		
Date Assigned:	06/19/2015	Date of Injury:	02/15/2011
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 2/15/2011. Diagnoses include chronic right sided greater than left sided neck pain, right hand greater than left hand symptoms, chronic right sided low back and right lower extremity pain, right shoulder pain, and chronic myofascial pain of the cervical spine. Treatment to date has included physical therapy, injections, diagnostics, acupuncture, physical therapy, medications including Norco and Protonix and surgical intervention (arthroscopic acromioplasty, Mumford, biceps tenodesis, labral repair and debridement of partial rotator cuff tear and posterior labral tear 2/06/2015). EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper extremities dated 4/22/2014 showed early /borderline right carpal tunnel syndrome. Per the Primary Treating Physician's Progress Report dated 4/28/2015, the injured worker reported ongoing right shoulder and right upper extremity pain. Physical examination revealed no significant change. The plan of care included medications, psychotherapy, physical therapy and follow-up care. Authorization was requested for Norco 10/325mg #210 (DOS 4/28/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 210 (retrospective DOS 4/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS Guidelines note opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2011 without acute flare, new injury, or progressive deterioration. The request for Norco 10/325 mg qty 210 (retrospective DOS 4/28/15) is not medically necessary and appropriate.