

Case Number:	CM15-0114890		
Date Assigned:	06/23/2015	Date of Injury:	02/12/2013
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 2/12/13. He reported immediate pain in the head, neck, right shoulder and bilateral hips along with increased pain in low back and bilateral knees following being struck by falling wooden shelves. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and bilateral sacroiliac joint sprain, bilateral shoulder periscapular strain with right shoulder tendinitis/impingement/bursitis, bilateral knee patellofemoral arthralgia with moderate to severe tricompartmental degenerative joint disease, left forearm/wrist flexor/extensor tendinitis with carpal tunnel syndrome and complaints of right eye/sleep/post-traumatic headaches. Treatment to date has included physical therapy, aqua therapy, and acupuncture, oral medications including Ultram, Prilosec, Fexmid, Norco (since 2014) and Nexium, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 6/26/13 revealed 3millimeter left disc protrusion at C3-4, 2 millimeter disc protrusions at C4-5 and C5-6 with anterolisthesis of C7 on T1. Currently, the injured worker complains of neck and shoulder pain unchanged from previous visit with difficulty sleeping. He rates the pain 8/10. He is temporarily totally disabled. Physical exam noted positive impingement test on right with restricted range of motion of right shoulder and tenderness to palpation with muscle guarding of cervical spine. The treatment plan included a request for authorization for refills of Norco 5/325mg and Fexmid 7.5mg and starting of Pamelor 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

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

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

Decision rationale: According to CAMTUS 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, intensity of pain after taking the opioid, low how long it takes for pain relief and how long relief lasts. The treating physician did not document improvement in pain and improvement in function. The injured worker noted he had no change in pain since previous visit. Documentation of relief from pain or the length of time relief lasts is not noted. The submitted request does not include dosing or frequency. Without the supporting documentation, the request for Norco is not medically necessary.