

Case Number:	CM15-0115781		
Date Assigned:	06/24/2015	Date of Injury:	08/31/2007
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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 49 year old male, who sustained an industrial injury on 08/31/2007. He has reported subsequent right shoulder and arm pain and was diagnosed with cervical radiculopathy, chronic right shoulder pain, status post right shoulder open decompressive surgery and right arm pain. Treatment to date has included medication and surgery. The injured worker had been prescribed Norco since at least 11/18/2014. Urine drug screen results dated 02/17/2015 were positive for the presence of amphetamines and benzodiazepines. The injured worker was not noted to be prescribed any benzodiazepine medication. In a progress note dated 04/07/2015, the injured worker complained of right shoulder pain rated as 10/10 without medication and 7-8/10 with medication. Objective findings were notable for positive impingement sign and significant guarding of the right shoulder, decreased range of motion and decreased sensation on the right at C5. There was no subsequent discussion of the drug screen results in the medical records by the physician. A request for authorization of Norco 10/325 mg quantity of 180 was submitted.

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 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." In addition, MTUS indicates that "immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances." The documentation submitted shows that the injured worker had been prescribed Norco since at least 11/18/2014. There is no evidence of significant pain reduction or functional improvement with the use of Norco, nor is there documentation of the worst amount of pain experienced, least amount of pain experienced or the average pain rating. In addition, a urine drug screen from 02/17/2015 showed the presence of an illegal substance (amphetamines) and a medication class that was not prescribed by a physician (benzodiazepines). There was no subsequent discussion of the urine drug screen results by the physician and no evidence to justify the continued prescription of this medication. Therefore, the request for authorization of Norco 10/325 mg quantity of 180 is not medically necessary.