

Case Number:	CM15-0128328		
Date Assigned:	07/15/2015	Date of Injury:	07/30/2013
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 35 year old male, who sustained an industrial injury on 7-30-2013. Diagnoses have included chronic, intractable pain, left medial epicondylitis, left triceps tendonitis, degenerative spinal canal stenosis at C5-C7, left cubital tunnel syndrome, moderate to severe acromioclavicular joint arthropathy, C2-4 facet arthropathy, C5-6 disc displacement, left shoulder impingement syndrome, costochondritis and lumbar strain. Treatment to date has included magnetic resonance imaging (MRI), cervical facet joint injection, chiropractic treatment, physiotherapy and medication. According to the progress report dated 4-17-2015, the injured worker complained of neck pain rated five to six out of ten with medications and eight out of ten without medications. He complained of mid-back pain wrapping around to the left and left shoulder pain rated five to six out of ten with medications and eight out of ten without medications. Exam of the shoulders revealed tenderness to palpation. Impingement sign was positive on the left shoulder. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has documented appropriate documentation of improvement in pain and function. While improvement in pain is modest, documentation of improvement in function is also modest but allows patient to function. There is appropriate documentation of monitoring for abuse and function. Patient has extensive pain causing pathology and long-term plan was appropriately documented. Provider has noted weaning from Oxycontin to percocet nightly. Continued attempts to weaning are recommended but current opioid regiment is appropriate. Norco is medically necessary.