

Case Number:	CM15-0175513		
Date Assigned:	09/16/2015	Date of Injury:	09/22/2010
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/07/2015

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: Pennsylvania, Ohio, 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 64 year old male with an industrial injury dated 09-22-2010. A review of the medical records indicates that the injured worker is undergoing treatment for recent C4 - C7 anterior discectomy and fusion with persistent chronic neck pain, bilateral rotator cuff tendinitis or tear with degenerative osteoarthritis, left bicipital tendon rupture, and status post bilateral carpal tunnel release with chronic pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (04-28-2014- to 7-30-2015) indicate persistent neck and upper shoulder pain. The injured worker reported that he continues to use Norco for breakthrough pain. No new complaints were reported. Physical exam (04-28-2014) revealed tenderness along the cervical paraspinal muscles and periscapular regions bilaterally. The treatment plan included continuing with Norco which should last for 4 more months. In a more recent progress note dated 07-30-2015, the treating physician reported that the injured worker was relocating the following day, which was the reason why he was provided an early prescription of Norco 10-325 mg with no refills. Objective findings revealed tenderness along the cervical paraspinals muscles, upper trapezius, levator scapular and periscapular regions. The injured worker has been on Norco since at least 04-28-2014. Urine drug screen was not included for review. The treating physician prescribed Norco 10-325mg #120, now under review. Utilization Review determination on 08-10-2015 denied the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.