

Case Number:	CM15-0062399		
Date Assigned:	04/08/2015	Date of Injury:	02/10/2012
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on February 10, 2012. He reported pain in the neck, back, shoulders and upper extremities. The injured worker was diagnosed as having cervicalgia, brachial neuritis or radiculitis and status post left carpal tunnel release, right cubital tunnel release, repeat right shoulder open decompression, right carpal tunnel release and right shoulder subacromial decompression with a CA ligament resection. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative treatments, medications and work restrictions. Currently, the injured worker complains of persistent upper back and neck pain with pain radiating into the shoulder and back as well as in the neck with associated numbness in the upper extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 30, 2014, revealed continued pain. Evaluation on March 17, 2015, revealed continued pain. Pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 168 count: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show that this full review and report was performed around the time of this request for continuation of Norco. There was no mention of specific functional gains or measurable pain reduction directly related to regular Norco use, which is required in order to justify its continuation. Therefore, without sufficient and clear evidence of benefit, the Norco will be considered medically unnecessary at this time.