

Case Number:	CM15-0064368		
Date Assigned:	04/10/2015	Date of Injury:	09/13/2011
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
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 59 year old female, who sustained an industrial injury on 9/13/11. She reported initial complaints of neck and left shoulder. The injured worker was diagnosed as having cervical disc degeneration; neck pain/radiculopathy; bilateral carpal tunnel syndrome; left shoulder pain with rotator cuff tendonitis. Treatment to date has included status post anterior cervical discectomy with nerve root decompression fusion C5-6 with plating/implantation interbody spacer C5-6 (3/20/14); EMG/NCV Upper Extremities (6/4/12). Currently, the PR-2 notes dated 1/19/15 indicate the injured worker reports continued constant pain affecting the left shoulder especially the anterior shoulder region when she attempts to abduct her arm with reaching and grasping as well as when she attempts to lift her arm above the shoulder level. The notes document she continues to recover from the cervical surgery (3/20/14) and continues to intermittently wear a cervical collar. Previous notes suggested the possibility of a delayed union of the cervical fusion. The treatment plan is deferring any physical therapy until she is clear by the surgery for the status of the cervical fusion. The provider has requested Norco 10/325mg #120 as part of his treatment plan. Utilization Review modified this request for titration to the least amount and to a possible rotate to another medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 8 - 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.