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| Case Number: | CM15-0065451 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 11/04/2009 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/27/2015 |
| 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: 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 46-year-old male, with a reported date of injury of 11/04/2009. The diagnoses include enthesopathy of unspecified site, shoulder joint pain, and spasm of the muscle. Treatments to date have included an MRI of the cervical spine, an MRI of the left shoulder, oral medications, and left shoulder lysis of adhesions. The medical report dated 03/02/2015 indicates that the injured worker complained of neck and left shoulder pain. He rated the pain 4 out of 10 and denied radiation of pain to any other locations. It was noted that there was no medication abuse suspected and the injured worker was taking his medications as prescribed. It was also noted that the injured worker was worsening, and his level of functionality had decreased. The physical examinations showed restricted neck range of motion, painful neck movements, tenderness in the cervical spine and trapezius, restricted left shoulder range of motion, and crepitus of the left shoulder. Note on 1/29/15 and 2/13/15 from primary treating orthopedist documents plan to take patient off opioids so that patient could return to work. Progress note on 3/2/15 from pain specialist still recommends Norco every 8 hours as needed. The treating physician requested Norco 10/325mg #90. The medical report indicates that the injured worker's pain was reduced significantly following the initiation of opioid therapy resulting in increased physical and psychosocial functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10.325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: As per MTUS Chronic pain management, chronic use of opioids such as Norco require appropriate documentation. Documentation of monitoring is appropriate. Patient has documentation of appropriate improvement in pain, function and no signs of abuse or side effects. Appropriate documentation of appropriate monitoring was provided. However, contradictory plans by 2 treating providers is problematic. Primary treating orthopedist has specifically documented that pt can only return to work as a transit bus driver if patient is completely off opioids while pain specialist documents that it was apparently ok to continue current regiment. Due to the contradictory recommendation and concerning use of opioids on a transit operator with potential danger to passengers and bystanders, continued norco is not recommended until both providers come to an agreement on appropriate pain control regiment. Norco is not medically necessary.