

Case Number:	CM15-0079185		
Date Assigned:	04/30/2015	Date of Injury:	06/28/2011
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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, Hawaii

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, who sustained an industrial injury on 6/28/2011. He reported injury from a fall. The injured worker was diagnosed as having cervical disc degeneration, cervico thoracic sprain/strain, lumbosacral sprain/strain, left bicep tendon rupture, lumbar disc protrusion, status post tear of left rotator cuff and re-tear of left rotator cuff. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 2/24/2015, the injured worker complains of neck pain, left shoulder and left arm pain with numbness and tingling. The treating physician is requesting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Physical Medicine Page(s): 78, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back - Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, left shoulder and left arm. The current request is for Norco tab 10/325mg #60. The requesting treating physician report was not found in the documents provided. A report dated 11/21/14 (17B) states, "The patient is prescribed Norco 10/325 mg to maintain pain levels. The patient is allowed to perform activities of daily living." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 11/21/14. No adverse effects or adverse behavior were noted by patient. The patient's last urine drug screen was not provided for review and it is unclear if the physician has a signed pain agreement on file as well. More thorough documentation is needed to determine if the patient is receiving functional improvement from the use of Norco. In this case, all four of the required A's are not addressed, the patient's pain level has not been monitored upon each visit and functional improvement has not been documented. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS.