

Case Number:	CM15-0093754		
Date Assigned:	05/20/2015	Date of Injury:	05/04/1992
Decision Date:	06/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: Preventive Medicine, Occupational 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 60-year-old female, who sustained an industrial injury on May 4, 1992, incurring injuries to the neck and shoulders. She had a history of a rotator cuff tear with surgical repair. She was diagnosed with neurovascular compression syndrome and cervicalgia. Treatment included trigger point injections, pain medications, neuropathic medications, and work restrictions. Diagnostic ultrasound of the right scalene triangle and right pectoralis revealing scalene edema and fibrosis, and an ultrasound of the right shoulder showed biceps tenosynovitis. Currently, the injured worker complained of right hand and arm burning pain with numbness and tingling with neck and shoulder pain. The right shoulder had limited range of motion on examination. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has chronic pain. Despite the chronic use of Norco, she reported having several severe flare-ups of pain. The use of Norco is not alleviating the injured workers pain. Additionally, 2 prior utilization reviews have been approved for weaning of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 x 1 refill is determined to not be medically necessary.