

Case Number:	CM14-0006786		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2012
Decision Date:	07/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female who has submitted a claim for right shoulder impingement syndrome, patellofemoral disorder in the right knee, and chronic painful lumbar degenerative disc disease associated with an industrial injury date of 11/30/2012. The medical records from 12/06/2012 to 12/02/2013 were reviewed and showed that patient complained of constant lower back pain aggravated with bending, lifting, or twisting, on and off right knee pain, and continuous right shoulder pain radiating to the arm. Physical examination revealed paralumbar tenderness between L4 and sacrum. No sacroiliac tenderness was noted. There was limited ROM with lumbar flexion, extension, and lateral flexion. Physical examination of the right shoulder revealed limited ROM with flexion and abduction. Right shoulder crepitus was noted. Hawkin's test and overhead impingement sign were positive on the right shoulder. Physical examination of the right knee revealed tenderness at the inferior pole of the right patella. McMurray's and Lachman's tests were negative in the right knee. X-ray of the lumbar spine dated 01/31/13 revealed an anterior translation of L5 on S1. X-ray of the right knee dated 01/31/13 revealed minimal spurring in the patella and soft tissue calcification. X-ray of the right shoulder was normal. MRI of the right shoulder 03/25/13 revealed impingement and bursal surface partial tear or strain of supraspinatus. MRI of the right knee dated 03/25/13 revealed diffuse chondromalacia patella. MRI of the lumbar spine dated 03/25/13 revealed spondylolisthesis with spondylolysis of L5 on S1. Treatment to date has included Physical Therapy, Naproxen, Norco, Voltaren gel, Tinazidine, Amitriptyline, Tramadol, and Vicodin. In a utilization review, dated 12/23/2013, denied the request for prescription of Norco 5/325 mg tablets because specific functional gains or objective improvements in pain from intake of Norco were not documented. A recent urine drug screen was also not included in the submitted reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF NORCO 5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco 5/325 mg QID # 120 since 09/17/2013. However, there has been no documented evidence of functional improvement or pain relief. A recent urine screening was also not available. Therefore, the request for prescription of Norco 5/325 mg #60 is not medically necessary.