

Case Number:	CM14-0026984		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2000
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery 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 injured worker is a 72 year-old female was reportedly injured on 3/26/2000. The mechanism of injury is noted as a fall off of the chair. The most recent progress note dated 3/26/2014 indicates there are ongoing complaints of left shoulder pain and bilateral knee pain. The physical examination is handwritten and very illegible however, "some tenderness to palpation of the left shoulder at the joint" is decipherable. Active range of motion reveals flexion 92, extension 28, abduction 90, and adduction 40. No diagnostic studies are available for review. Demonstrated previous treatment includes medication such as Norco 2.5/325, Flexeril, and Prilosec. A request was made for Norco 2.5/325MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: According to in MTUS guidelines Norco is a short acting opioid combined with acetaminophen. Its use is supported for the short term management of moderate to severe

breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. However, this 72-year-old female suffers from chronic pain due to her work related injury. There is no documented symptomatic or functional improvement from its long-term usage. Based on the current available information, the medical necessity for continued narcotic use is deemed to be not medically necessary.

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

Decision rationale: The CA MTUS supports the use of skeletal muscle relaxants (Fexmid) for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury, and clinical presentation, the guidelines do not support this request for chronic pain and long term use. As such, the request is not medically necessary.