

<b>Case Number:</b>	CM14-0040911		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 claimant, a 61-year-old gentleman, sustained an occupational injury on October 4, 2004. A March 13, 2014, clinical record identifies continued low back complaints, chronic in nature, with no documentation of acute exacerbation of symptoms. Objective findings on examination documented no bilateral ankle edema but did not identify any lumbar findings. The claimant was diagnosed with spinal stenosis and sciatica. The recommended treatment included OxyContin, Norco, a DEXA scan and referral for consultation for shoulder and wrist assessment. The records contain no documentation of imaging or physical examination findings related to the claimant's shoulder or wrist. A utilization review dated March 22, 2014, certified continued use of OxyContin and non-certified the use of Norco due to lack of acute exacerbation of symptoms. This review addresses the request for continued use of Norco and orthopedic consultation for wrist and shoulder treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Norco 10 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain

Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids-Criteria For Use, pages 91; 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued use of Norco would not be indicated in this case. The reviewed records state that the claimant is also taking OxyContin, a long acting narcotic analgesic, for chronic pain management treatment. The Chronic Pain Guidelines recommend in the chronic setting, the use of long-acting narcotic analgesics, such as OxyContin. The use of a short-acting analgesic such as Norco is indicated when there is an acute exacerbation of symptoms. The records in this case do not reference any acute symptomatic flare. Therefore, this request would not be medically necessary.

**One (1) Shoulder and Right Wrist Consultation and Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support consultation for this claimant's wrist and shoulder. The reviewed records contain no documentation of previous imaging, physical examination findings or subjective complaints of the wrist or right shoulder that would need for orthopedic assessment. Therefore, the request would not be indicated as medically necessary.