

Case Number:	CM14-0064778		
Date Assigned:	07/11/2014	Date of Injury:	01/26/2005
Decision Date:	10/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation, 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:

This is a 39 year-old male with a 1/26/13 date of injury. The patient was seen on 1/16/14 with complaints of low back pain with radiation to the left lower extremity as well as left shoulder pain and was noted to be on Norco 10 mg. Exam findings revealed lumbar tenderness with decreased range of motion and paraspinal spasm, as well as positive straight leg raise and cautious gait. He was again seen on 2/21/14 with similar complaints. Exam findings revealed C-spine tenderness, and positive axial loading with decreased range of motion. There was tenderness of the left shoulder with decreased range of motion and positive impingement signs. He also had a positive Gaenslen's, Faber's, and straight leg raise tests in addition to lumbar tenderness. The patient was noted to be on Norco on this visit as well. His urine drug screen was noted to be consistent with his prescribed medications. The diagnosis is OA of the shoulder, cervical disc displacement, lumbosacral or radiculitis, and thoracic sprain. Treatment to date: medications, left shoulder arthroscopy with Mumford, post op PT. An adverse determination was received on 5/7/14. The request was modified from Norco #120 to #60, as there was no documentation of a decrease in pain or evidence of functional gains with use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg four times a day, #120.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition, the request was modified to #60 to allow for a taper. Therefore, the request for Norco #120 as submitted was not medically necessary.