

Case Number:	CM14-0079949		
Date Assigned:	09/05/2014	Date of Injury:	02/11/2008
Decision Date:	10/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 52-year-old female claimant with reported industrial injury of February 11, 2008. The claimant is status post arthroscopic right shoulder surgery on January 14, 2014. The records demonstrate she has been taking Norco for pain control prior to surgery and per the provider was weaned off prematurely in December 2013. The patient has required Norco for chronic bilateral knee pain related to osteoarthritis. Examination on February 22, 2014 demonstrates patient continues to feel about the same and indicates that her neck pain, bilateral shoulder pain, low back pain and bilateral knee pain have persisted. She describes bilateral knee popping, clicking, locking and giving out. Exam findings include left shoulder abduction 260, positive bilateral impingement tests and Hawkins tests. There is pain noted on acromioclavicular compression bilaterally. There is pain on palpation of the right knee joint. Patient is otherwise neurologically normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325 #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note from 2/22/14 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the request is not medically necessary.