

Case Number:	CM14-0199886		
Date Assigned:	12/10/2014	Date of Injury:	05/04/2011
Decision Date:	01/30/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old who was injured on 5/4/2011. The diagnoses are bilateral carpal tunnel syndrome, bilateral knees, shoulders and low back pain. The past surgery history is significant for bilateral carpal tunnel release, right knee arthroplasty, The 2013 MRI of the lumbar spine multilevel disc bulges, facet degeneration, foraminal stenosis and nerves roots compressions. The patient completed PT and joints injections. On 11/3/2014, [REDACTED] noted that the patient was 26 weeks post right TKA. The patient was utilizing Advil. There was subjective complaint of shoulder pain. There was no quantitative or qualitative measurement of the pain recorded. On 12/2/2014, [REDACTED] noted that the physical examination of the shoulder joints was unchanged. There was tenderness over the right shoulder and positive impingement test. The medications listed are OTC Advil and Norco. The Norco was added on 11/3/2014. A Utilization Review determination was rendered on 11/17/2014 recommending non certification for Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not show that the patient had subjective and objective findings consistent with exacerbation of severe pain. The pain was described as a discomfort. There was no severity score. The patient was noted to be stable on OTC Advil with no exacerbation of symptoms by the orthopedic surgeon. The criteria for the use of Norco 5/325mg #60 is not medically necessary.