

Case Number:	CM15-0002689		
Date Assigned:	01/13/2015	Date of Injury:	12/02/1999
Decision Date:	03/16/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 87-year-old male who reported an injury on 12/02/1999 due to an unspecified mechanism of injury. He was noted to be taking Norco 7.5/325 mg and over the counter Aleve for pain. It was noted that he had undergone right shoulder and left knee injections on 07/28/2014 and 07/29/2014 which provided him with more than 50% relief lasting approximately 3 months in duration. On 09/22/2014 he presented for an evaluation regarding his work related injury. He rated his pain at a 6/10 and reported no complications from his injections. A physical examination showed no signs of over medication, sedation, or withdrawal. He was noted to ambulate slowly with a steady gait without the use of any assistive devices. He had decreased range of motion to the back with associated pain. The extremities showed slightly decreased range of motion to the left knee and slight tenderness. There was also positive crepitus and slightly decreased range of motion of the right shoulder, and slight tenderness. He was diagnosed with shoulder joint pain, lumbago, lumbar DDD, and sciatica. A request was made for Norco 7.5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

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

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. A proper pain assessment should also be performed at office visits. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the knees and right shoulder. He was also noted to be taking Norco and Aleve for pain relief. However, there is a lack of documentation showing evidence of a quantitative decrease in pain and an objective improvement in function with the use of this medication to support its continuation. In addition, official urine drug screens and CURES reports were not provided to validate that he has been compliant with his medication regimen. Furthermore, the duration of the medication was not provided within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.