

Case Number:	CM15-0007417		
Date Assigned:	01/22/2015	Date of Injury:	08/25/2009
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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 a 49-year-old male who reported an injury on 08/25/2009. On 12/18/2014, he presented for a followup evaluation. He complained of ongoing pain in the shoulder, low back, and bilateral knees. He was noted to be status post TKA of the bilateral knees and had been considering further surgery on his bilateral frozen shoulders on the low back. He was noted to be taking Norco 10/325 mg 2 as needed 4 times a day to control his pain. He stated that his level would go from an 8 to a 3 or a 4 after taking the Norco and it allowed him to function "somewhat." A physical examination of the back showed moderate paralumbar tenderness. He was diagnosed with bilateral shoulder strain, bilateral knee strain and lumbar strain. He was written a prescription for Norco 10/325 mg #240. The treatment plan was for Norco 10/325 mg. The rationale for treatment was to continue to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

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. Based on the clinical documentation submitted for review, the injured worker was noted to have quantitative decrease in pain and did report a somewhat increased function with the use of his medications. However, official urine drug screens and CURES reports were not provided for review to validate that he has been compliant with his medication regimen. Also, the frequency and quantity of the medication were not supplied within the request. Therefore, the request would not be supported. As such, the request is not medically necessary.