

Case Number:	CM15-0108002		
Date Assigned:	06/12/2015	Date of Injury:	09/27/2003
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year old male, who sustained an industrial injury on September 27, 2003. The injured worker was diagnosed as having chronic cervical musculoligamentous strain/sprain, lumbar disc annular tear, cervical fusion, left shoulder labral tear, left shoulder impingement, bilateral chondromalacia patella, right shoulder subacromial decompression, left knee meniscal repair and osteoarthritis and lumbar disc protrusions. Treatment to date has included multiple surgeries, multiple magnetic resonance imaging (MRI) studies, therapy and medication. A progress note dated May 4, 2015 provides the injured worker complains of low back and knee pain unchanged from previous visit. He rates the pain as 6/10. He reports Norco decreases pain to 3/10. Physical exam notes cervical tenderness on palpation with decreased rotation due to pain. There is lumbar tenderness on palpation and bilateral knee tenderness with decreased strength and crepitus. The plan includes ear, nose and throat consultation and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco (Hydrocodone/APAP) 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.