

Case Number:	CM15-0139205		
Date Assigned:	07/29/2015	Date of Injury:	05/10/2010
Decision Date:	09/22/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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 62 year old female, who sustained an industrial injury on 5-10-10. She has reported initial complaints of injury to her back, neck and right knee. The diagnoses have included lumbago, enthesopathy, spasm of muscle, sprains and strains of the thoracic region, cervical and lumbar strains, right hand contusion, right wrist pain, right knee strain and left hip sprain. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, physical therapy, pain management, home exercise program (HEP), and other modalities. As per the physician progress note dated 1-22-15, the injured worker is seen for follow up status post rotator cuff repair 9-9-14. The shoulder pain is minimal and she has completed some physical therapy sessions. She also has minimal back pain. The objective findings-physical exam reveals that the lumbar spine has tenderness and tight muscle band on both sides and Kemp maneuver is positive. The right shoulder flexion is 75 degrees and abduction is 65 degrees. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Norco 10-325 mg, sixty count with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count with no refills: 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 10/325 mg, sixty count with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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 submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There are no objective urine drug screens for review. The documentation reveals that the patient has been on opioids without significant objective evidence of increased function therefore the request for continued Norco is not medically necessary.