

Case Number:	CM15-0164680		
Date Assigned:	09/02/2015	Date of Injury:	12/16/1999
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 an 80-year-old female, with a reported date of injury of 12-16-1999. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include chronic pain syndrome, chronic knee pain, chronic shoulder pain, chronic hip pain, chronic neck pain, chronic thoracic spine pain, chronic low back pain, osteoarthritis of the knee, and chronic unspecified vitamin D deficiency. Treatments and evaluation to date have included oral medications, physical therapy, chiropractic treatment, and spinal and joint injections. The diagnostic studies to date have included an x-ray of the bilateral knees on 07-28-2015 which showed advanced tricompartmental degenerative arthrosis of both knees and two intra-articular bodies appear to lie within the suprapatellar bursa of the left knee; x-rays of the bilateral shoulders on 07-27-2015 which showed moderate acromioclavicular joint osteoarthritis in the left shoulder, mild glenohumeral joint osteoarthritis of the bilateral shoulders, possible chronic rotator cuff tendon degeneration, and stigmata chronic rotator cuff tendon degeneration of the right shoulder; and x-rays of the bilateral hips dated 07-28-2015 which showed mild degenerative arthritic changes of the hips, right greater than left and osteopenia. The medical report dated 07-23-2015 indicates that the injured worker had chronic pain, and the symptoms started five years prior. The symptoms are reported as being incapacitating. The pain was rated 10 out of 10. The objective findings include the inability to stand from folding with chair, joint pain, and muscle weakness. It was noted that the treating physician planned to refer the injured worker to a psychiatrist to evaluate her addiction. It was also noted that the injured worker

would sign a pain contract on the day of the visit. The treating physician requested Norco 10-325mg #120 and Oxycodone 80mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco and Oxycodone without documented evidence of significant benefit in pain or function to support long term use. The provider documents that the patient has gone 2 months without medications. The request for Norco 325/10 mg #120 is not medically appropriate and necessary.

Oxycodone 80mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco and Oxycodone without documented evidence of significant benefit in pain or function to support long term use. The provider documents that the patient has gone 2 months without medications. The request for Oxycodone 80 mg #60 is not medically appropriate and necessary.