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| Case Number: | CM15-0185055 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 05/28/2011 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 a 62 year old male with an industrial injury dated 05-28-2011. A review of the medical records indicates that the injured worker is undergoing treatment for joint shoulder pain, cervicgia, shoulder arthropathy, cervical spondylosis, sprain rotator cuff and lumbosacral spondylosis. Medical records (07-06-2015 to 08-31-2015) indicate ongoing left shoulder and lumbar spine complaints. According to the progress note dated 08-03-2015, the injured worker reported left shoulder improvement and constant lumbar spine pain. The injured worker reported that the pain medication help ease the pain from 8 to 4 with activities of daily living. Pain level was 4 out of 10 for left shoulder and 5 out of 10 for lumbar spine on a visual analog scale (VAS). Current Medication: Norco 10. Objective findings (08-03-2015) revealed left shoulder pain with impingement, lumbar spine pain with restricted range of motion and positive straight leg raises. According to the progress note dated 08-31-2015, the injured worker reported improvement since last visit. The injured worker reported that his back is unchanged and he complained of left shoulder stiffness. The injured worker reported that the pain medication decreases the pain from 9 to 5 with activities of daily living. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (08-31-2015) revealed left shoulder pain and lumbar spine pain with restricted range of motion and positive straight leg raises. Treatment has included diagnostic studies, prescribed medications, left shoulder arthroscopy on 06-20-2015, physical therapy and periodic follow up visits. Medical records indicate that the injured worker has been on Norco since at least March 2015. Urine drug screen report was not included for review. The treating physician

prescribed Norco-10-325mg #120, now under review. The utilization review dated 09-04-2015, modified the request for Norco 10-325mg #60 (original #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of increased function from the opioids used to date. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.