

Case Number:	CM15-0202370		
Date Assigned:	10/19/2015	Date of Injury:	10/02/2004
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 49 year old female, who sustained an industrial-work injury on 10-2-04. She reported initial complaints of neck, shoulder, and bilateral knee pain. The injured worker was diagnosed as having right shoulder pain status post-surgical procedure, cervical pain, left shoulder surgery 2006, bilateral carpal tunnel with release, right knee arthroscopy, left knee arthroscopy, medial meniscus tear, pustules on thorax consistent with MRSA (Methicillin resistant staphylococcus aureus), and potential shoulder instability on right. Treatment to date has included medication. Currently, the injured worker complains of cervical pain with radicular pain in the left arm and stiffness and rated 7-8 out of 10. There is pain in the shoulder rated 4-8 out of 10 that extends to wrist and hand. There is bilateral knee pain rated 4-9 out of 10. There is no evidence of drug abuse and getting substantial (90%) benefit from medication. Meds included Alprazolam, Inderal, Naproxen, Norco, Restoril, Wellbutrin, and Zoloft. Per the primary physician's progress report (PR-2) on 9-21-15, exam notes 5- out of 5 for upper extremity muscle strength, decreased light touch sensation to C6-7 dermatomes, pain with palpation to C2-5 facet capsules, bilaterally, positive foraminal compression and pain with Valsalva. Cervical rotation is restricted. Shoulder exam reveals tenderness to palpation over the AC (acromioclavicular) joint and acromion. The right knee has substantial pain in the medial compartment and subpatellar chondromalacia, decreased range of motion, and antalgic gait. The Request for Authorization requested service to include 1 prescription of Norco 10/325 mg #180 and 1 prescription of Naproxen 500 mg. The Utilization Review on 9-30-15 denied the request for 1 prescription of Norco 10/325 mg #180 and 1 prescription of Naproxen 500 mg, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any benefit. There is persistent severe pain and no documentation of any functional improvement. There is no noted documentation of long-term plan concerning opioid therapy. The request is not medically necessary.

1 prescription of Naproxen 500 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short-term pain relief. It is not recommended for long-term use for patients due to increased risk for cardiovascular problems. Patient is on naproxen/anaprox chronically. There is not documentation of benefit. This is an incomplete medication request with no noted total number of tablets in request. Long-term use is not medically necessary.