

Case Number:	CM15-0021770		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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: Physical Medicine & Rehabilitation

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 38-year-old male who reported an injury on 04/17/2013 due to an unspecified mechanism of injury. On 12/19/2014, he presented for a follow-up evaluation regarding his work related injury. He continued to have bilateral shoulder pain, chest wall pain, thoracic pain, knee pain, low back pain, and heel pain. He stated that his pain level was a 10/10 on the VAS. He was asking to go back to taking his Norco and stated that when he was taking this, it helped him a bit. A physical examination showed tenderness and spasm in the cervical paraspinal muscles and stiffness noted with motion of the neck. There was also tenderness to the AC more than glenohumeral right shoulder abduction and flexion to 160 degrees associated with pain. Strength was a 4/5 in the bilateral upper extremities and tenderness was noted in the lumbar paraspinal muscles with increased pain with extension when compared to flexion of the low back. There was dysesthesia to light touch in the S1 dermatome in the left leg extending into the heel with tenderness in the posterior heel. There was minimal swelling noted with right knee tenderness along the joint line and extension and flexion of the right knee was 105 degrees with flexion and extension normal and full on he left. Strength was a 4/5 in the bilateral lower extremities. He was diagnosed with chronic pain due to multiple injuries, bilateral shoulder and knee pain, right meniscal tear, cervical lumbar and thoracic degenerative disc disease, lumbar post right mandibular fracture, insomnia secondary to pain, depression, and sternal region pain. The treatment plan was for Norco 10/325 mg #60 to alleviate the injured workers pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.