

Case Number:	CM15-0031616		
Date Assigned:	02/24/2015	Date of Injury:	10/28/1998
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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, Arizona
 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 65-year-old female who reported an injury on 10/28/1998 due to an unspecified mechanism of injury. On 02/10/2015, she presented for a followup evaluation. She reported pain in the right knee and right shoulder and it was stated that she had attended postoperative physical therapy. Examination of her right knee showed flexion at 98 with extension to 0 and negative laxity and negative crepitation. Examination of the right shoulder showed tenderness at the SA, AC, and 'SST.' She had positive impingement signs and positive 'CA.' Flexion was noted to be 160, extension was noted to be 30, abduction was to 160, adduction was to 30, and IR and ER were to 60. It should be noted that the documentation provided was handwritten and illegible. The treatment plan was for Norco 10/325 mg #120. The rationale for treatment was to alleviate the injured worker's symptoms.

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 Treatment Guidelines Opioids Page(s): 22, 63, 78, 11-113. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

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 fails to 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 CURES reports or urine drug screens were provided for review to validate that she has been compliant with her medication regimen. In addition, 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.