

Case Number:	CM15-0038252		
Date Assigned:	03/06/2015	Date of Injury:	07/28/2004
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 55-year-old male who sustained an industrial injury on July 28, 2004. He was struck by a forklift and thrown 3-5 feet by the impact landing on his right side. The injured worker was diagnosed with right shoulder impingement status post right shoulder repair in February 2005, low back pain with left lumbar radiculopathy, cervical spine sprain/strain, right foot with drainage of a ganglion cyst, obesity and secondary depression and insomnia due to chronic pain. Right total knee replacement was performed on February 23, 2009. According to the primary treating physician's progress report on January 26, 2015, the injured worker continues to experience cervical spine and right shoulder discomfort along with lumbar spine and right knee discomfort. Examination of the right shoulder demonstrated tenderness of the acromioclavicular and subacromial tenderness with positive impingement signs. Right shoulder abduction was noted at 140 degrees and flexion at 130 degrees. The right knee examination showed tenderness over the peripatellar area with mild swelling. Extension was at 0 degrees bilateral and flexion about 100 degrees on the right and 115 degrees on the left. The lumbar spine demonstrated paralumbar spasm, greater on the left with range of motion at 70% of normal with flexion and extension, right lateral flexion at 80% of normal and left lateral flexion at 70% with positive straight leg raise test at 70% sitting causing posterior thigh and calf pain. The cervical spine was tender with mild spasm at the posterior paracervical muscles. Active range of motion was 90% of normal at flexion, 80% of normal at extension, right lateral flexion at 90% of normal and left lateral flexion at 100%. The injured worker's gait had a slight limp. Current medications consist of Norco, Soma and Omeprazole. Treatment modalities consist of ice and back brace.

There was no discussion of an active home exercise program in place. The injured worker is Permanent & Stationary (P&S). On February 11, 2015, the Utilization Review modified the request for Norco 10/325mg #120 to Norco 10/325mg #72.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The One prescription of Norco 10/325mg #120 is not medically necessary and appropriate.