

Case Number:	CM15-0043561		
Date Assigned:	03/12/2015	Date of Injury:	02/04/1994
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on 2/4/1994. He reported falling injuring the lumbar spine and left shoulder. The injured worker was diagnosed as having shoulder and upper arm sprain/strain unspecified site; lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; bilateral shoulder tendinitis, bursitis and strain with left sided impingement syndrome. Treatment to date has included MRI lumbar spine and MRI left shoulder (1999); x-rays lumbar spine and bilateral shoulders (2/10/06); status post left shoulder arthroscopy with anterior reconstruction (10/06); MR Arthrogram left shoulder (7/20/12). Currently, the submitted PR-2 hand written notes dated 1/14/15; the injured worker complains of low back pain and bilateral shoulder pain and returns for medications on this visit. He has a history of running out of Hydrocodone and getting refills from various physicians. Pain relief is reported to be 10-15% from his medications. No detailed functional measures are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Opioids Page(s): 48.78-80.

Decision rationale: MTUS Guidelines have very specific standards to justify the long term use of Opioid medication. These standards include meaningful pain relief plus careful documentation of functional improvements as a result of use. The functional standards measures and necessary documentation of improvement have not been met. A statement is made that ADLs are better, but there are no specific measures as recommended by Guidelines. Under this circumstance, the ongoing daily chronic use of Opioids is not Guideline supported and is not medically necessary.