

Case Number:	CM15-0044313		
Date Assigned:	03/16/2015	Date of Injury:	04/09/2009
Decision Date:	05/19/2015	UR Denial Date:	02/09/2015
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: New York, West Virginia, Pennsylvania
 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 65 year old male who sustained an industrial injury on 04/09/09. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include right shoulder, neck, and low back pain. Current diagnoses include bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, and right knee internal derangement. In a progress note dated 01/16/15 the treating provider reports the plan of care as continued medications, an ultrasound guided injection into the right shoulder. The requested treatment is Norco.

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): 74, 76-77, 80, 82, 86, 124.

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

Decision rationale: Guidelines state that a trial opioids should not be used until the patient has failed a trial of non-opioid analgesics, has been screened for misuse, should be used at the lowest possible dose to improve pain and function, and should be monitored for aberrant drug use, side effects and improved function. In this case, the patient has had shoulder and back pain for 5 years despite treatments. Records provided did not include documentation of efficacy, absence of aberrant drug use, a pain contract, or any recent attempt to reduce opioids. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.