

Case Number:	CM15-0081092		
Date Assigned:	05/01/2015	Date of Injury:	05/08/2008
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46-year-old male, who sustained an industrial injury on 5/8/2008. He reported injuring his right shoulder from repetitive motion. Diagnoses have included shoulder joint pain, lower leg pain, cervical degenerative disc disease and cervicalgia. Treatment to date has included shoulder and knee injections, physical therapy, aqua therapy and medication. According to the progress report dated 2/6/2015, the injured worker complained of bilateral shoulder pain rated 4/10 and bilateral knee pain rated 8/10. He complained of neck pain with radiation to both shoulders and down both upper extremities. The injured worker reported significant relief greater than 50% as well as improvement of range of motion with bilateral shoulder injections performed on 11/14/2014 and 11/21/2014. He also reported significant relief from knee injections. The injured worker was not working. Current medications included Prozac, Norco and Gabapentin. Review of systems revealed symptoms of excessive fatigue, vomiting, bowel incontinence, constipation, urinary incontinence, muscle weakness, drowsiness, difficulty walking and difficulty sleeping. Exam of the neck revealed decreased range of motion and sensory deficits. There was decreased range of motion of the knees due to pain along with tenderness, swelling and crepitus. Shoulder range of motion was better. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: 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 Opioids Page(s): 79.

Decision rationale: Norco 10/325mg #240 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.