

Case Number:	CM15-0085707		
Date Assigned:	05/07/2015	Date of Injury:	11/17/2008
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury on 11/17/08. He subsequently reported multiple areas of orthopedic injury due to cumulative trauma. Diagnoses include lumbar spinal stenosis, rotator cuff rupture, cervicgia and osteoarthritis of the shoulder. The injured worker continues to experience bilateral shoulder and neck pain. Upon examination, there is palpable tenderness of the paravertebral muscles, bilaterally. There is decreased sensation over the L5 and S1 dermatome bilaterally. Straight leg raise test is positive in the bilateral lower extremities. A request for Norco medication, urine drug screen and a follow-up consultation was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term Page(s): 88.

Decision rationale: According to the CA MTUS, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain. In this case the criteria have not been met. There is no evidence of improved functioning on Norco and in fact the records reveal he is being weaned from the drug. As such, the medical necessity for continuing Norco is not established and is deemed not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA MTUS states that drug testing is recommended as an option to assess for the presence of illegal drugs. In this case there is no documentation of aberrant drug use or behavior. The patient appears to be low risk. The patient is being weaned off the Norco, therefore a UDS is not medically necessary or appropriate.

Follow-up Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Acoem Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127.

Decision rationale: CA MTUS states that specialty consultations are necessary in certain instances when further evaluation and treatment of complex medical problems. In this case, the patient has had a previous medical management consultation and there is no documented necessity for a follow-up visit. This request is therefore deemed not medically necessary.