

Case Number:	CM15-0086761		
Date Assigned:	05/11/2015	Date of Injury:	10/13/2008
Decision Date:	06/16/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 65 year old male, who sustained an industrial injury on 10/13/08. He reported an injury to cervical spine, left shoulder, lumbar spine and left lower extremity. The injured worker was diagnosed as having cervical sprain/strain with underlying severe spondylosis, lumbar sprain/strain with severe degenerative joint disease and facet arthrosis, laceration of left ear, laceration over the dorsum of left hand, laceration of left knee, headaches and triggering of left 3rd digit. Treatment to date has included left shoulder arthroscopy, physical therapy, oral medications including opioids and home exercise program. Currently, the injured worker complains of persistent left shoulder and wrist pain and lower back pain rated 4/10 with medications and 10/10 without medications. The injured worker notes functional improvement with activities of daily living with medications. Physical exam noted limited range of motion of neck and low back and exam of left shoulder revealed tenderness over the subacromions with limited range of motion and positive impingement sign with crepitus. A request for authorization was submitted for Norco and Mobic.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use Page(s): 88.

Decision rationale: The CA MTUS recommends the use of opioids for short-term treatment of moderate to severe pain. Long-term efficacy is unclear. Long-term opioids can be recommended if there is documented functional improvement and the ability to return to work. This claimant's injury was in 2008; therefore, long-term use is not justified as there is no documentation of functional improvement. In this case, the claimant has had multiple requests for refills of Norco with modified approvals for the purpose of weaning. The current request however is for an increased dosage of opioid, Norco 10/325 #120. Therefore, this request is deemed not medically necessary.