

Case Number:	CM14-0113234		
Date Assigned:	09/16/2014	Date of Injury:	04/26/2009
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

57 year old male claimant with an industrial injury dated 04/26/09. Exam note 03/24/14 states that the patient returns with bilateral knees and left shoulder pain. Upon physical exam there was tenderness along the right medial joint line and the patient demonstrates an antalgic gait on both sides. Current medications include Atenolol, Tramadol, and Omeprazole. Exam note 05/08/14 states that the patient returns with more pain concerns related to the left shoulder. Exam note 05/19/14 states that the patient has increased pain with the right knee more than the left, along with the left shoulder pain. The patient wears a brace on the right knee and still demonstrates an antalgic gait. Medications now include Nucynta, Omeprazole, and Atenolol. Treatment includes further consultation for the left knee and the prescription of Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note from 5/8/14 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is not medically necessary.