

Case Number:	CM14-0081026		
Date Assigned:	07/18/2014	Date of Injury:	01/31/2008
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 55 year old male with a work injury dated 1/31/08. The diagnoses include left knee pain; right shoulder pain; osteoarthritis ; right shoulder derangement. Under consideration is a request for 1 prescription for Norco 10/325mg #120. There is a primary treating physician report dated 5/20/14 that states that the patient has upper extremity pain in the right shoulder. The pain is aggravated by activity and walking. Lower extremity pain in the left knee. The pain is aggravated by activity and walking. Pain is rated as 8-9/10 in intensity with medications. Pain is rated as 8-9/10 in intensity without medications. The patient's pain is reported as unchanged since his last visit. The patient reports activity of daily living limitations in the following areas: self care & hygiene, activity, ambulation, hand function, sleep and sex. The patient reports that the use of NSAID, opioid pain, sleep aid medication is helpful. Time until pain relief is 30 minutes. The pain relief from each medication dose lasts for 3-4 hours. The least reported pain since last assessment was 7 on a scale of 1 to 10. Areas of functional improvement as a result of the above therapy include: ability to attend church, bathing, brushing teeth, cleaning, combing/washing hair, cooking, doing laundry, dressing, driving, mood, shopping, sitting, sleeping, sleeping in bed, standing, standing in line and tying shoes. The patient reports his quality of life has been improved as a result of the above treatment. Physical exam revealed tenderness is noted at the right shoulder. The range of motion of the right shoulder was decreased due to pain. Tenderness is noted in the bilateral knees. The document notes that the patient is currently not working. The treatment plan included an appeal for the request for Norco. A progress note from 4/22/2014 indicated that the patient presented with low back pain which radiated into bilateral lower extremities. The patient also reported right shoulder pain and left knee pain. Pain was aggravated by activity and walking. Pain was rated 9/10 with medication

and 9-10/10 without medication. Patient stated that the pain limited the ability to perform self-care/hygiene, activity, ambulation, hand function, sleep and sex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 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): 76-80.

Decision rationale: 1 prescription for Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The 5/20/14 indicates that the patient's pain is rated as 8-9/10 in intensity with medications and pain is rated as 8-9/10 in intensity without medications. The 4/22/14 progress note states that the pain was rated 9/10 with medication and 9-10/10 without medication. Without significant improvement in pain or functional improvement as defined by the MTUS, the continuation of Norco is not medically necessary. Therefore, the request for 1 prescription for Norco 10/325mg #120 is not medically necessary.