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| Case Number: | CM15-0014320 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 02/12/2001 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70-year-old male who reported an injury on 02/12/2001 due to an unspecified mechanism of injury. On 12/22/2014, he presented for a followup evaluation regarding his work related injury. He reported his shoulder pain was more intense with colder weather and would go from a 3/10 with medications and without medications up to a 9/10. His medications included Norco 10/325 mg 4 times as needed, Naprosyn 550 mg, gabapentin 300 mg at bedtime and Ambien 10 mg at bedtime as needed. A physical examination showed that his right shoulder flexion was at 150, extension 25 and abduction 120 degrees with left shoulder flexion at 35 degrees and abduction in extension at 25 degrees. Examination of the back showed flexion to 70 degrees, extension to 5 degrees and lateral bending to the right and left between 25% and 50% of normal. He was diagnosed with chronic right and left shoulder pain status post surgery, status post left and right inguinal hernia repairs and chronic low back pain, with insomnia. The treatment plan was for Norco 10/325 mg #180. The rationale for treatment was to continue treating the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the bilateral shoulders and low back. However, there is a lack of documentation showing that he has had an objective improvement in function with the use of Norco to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate compliance with his medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.