

Case Number:	CM15-0018301		
Date Assigned:	02/06/2015	Date of Injury:	12/16/2005
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 12/23/2014 due to a lifting injury. On 12/23/2014, he presented for a follow-up evaluation regarding his work related injury. He reported that his worst pain was a 7/10 to 8/10, least pain was a 1/10 to 2/10, and usual pain was a 3/10, and it was noted that he had brought his medications for a count and had 7 Norco pills that were filled on 11/29. He reported that his pain was worse and that his medication use had increased. He stated that the pain was in his bilateral neck and shoulders with weakness into both shoulders. His medications included Norco 10/325 mg 1 tablet as needed 3 times a day as needed, ibuprofen 200 mg 1 tablet as needed. A physical examination did not show any abnormalities. A physical examination showed weakness noted in the bilateral biceps, otherwise strong in all groups left and right. Upper extremity deep tendon reflexes were a 2+ bilaterally, and sensation was normal. He was diagnosed with chronic pain syndrome, and generalized osteoarthritis. It was noted that CURES reports were regularly done as well as urine toxicology screening. The treatment plan was for Norco 10/325 mg #90 to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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, and appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Based on his subjective complaints, it would appear that the medication is not significantly helping his pain. Also, the frequency of the medication was not stated within the request. Furthermore, official urine drug screens and CURES reports were not provided for review to validate his compliance with his medication regimen. Therefore, the request is not supported. As such, the request is not medically necessary.