

Case Number:	CM15-0110962		
Date Assigned:	06/17/2015	Date of Injury:	05/14/2008
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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 72-year-old male, who sustained an industrial injury on 5/14/08. He reported neck, back, and left shoulder complaints. The injured worker was diagnosed as having upper arm pain in the joint, shoulder arthralgia, upper arm osteoarthritis, shoulder osteoarthritis, lumbar back pain, thoracic/lumbosacral neuritis/radiculitis, cervicgia, lumbar spine degenerative disc disease with myelopathy, cervical spine degenerative disc disease with myelopathy, degenerative lumbar/lumbosacral intervertebral disc, and degeneration of cervical intervertebral disc. Treatment to date has included physical therapy, acupuncture, TENS, transforaminal epidural injections, and medication. On 3/23/15, pain was rated as 8/10 without medications and 3/10 with medications. On 4/20/15, pain was rated as 8/10 without medication and 4/10 with medication. The injured worker had been taking Norco since at least 12/23/14. Currently, the injured worker complains of left upper extremity and low back pain. The treating physician requested authorization for Norco 10/325mg #120.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, chronic use Page(s): 80.

Decision rationale: The patient is a 72 year old male with a DOI of 2008. He has been prescribed chronic opioids in the form of Norco. The request is for an additional #120 Norco 10/325 mg. Review of past records indicate that the patient has been recommended to to be weaned from opioids and discontinued. The continued use of Opioids is not supported by MTUS guidelines. There is no evidence that the patient has tried and failed first-line agents for neuropathic pain such as antidepressants and anticonvulsants. There is also no evidence of functional improvement or return to work to support the continued use of Opioids. Therefore, the request is deemed not medically necessary.