

Case Number:	CM15-0064884		
Date Assigned:	04/10/2015	Date of Injury:	12/15/2000
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old male who sustained an industrial injury on 12/15/2000. Current diagnoses include synovitis bursitis of elbow, synovitis shoulder, and sprains/strains neck. There is a history of depression, anxiety and sleep apnea. Previous treatments included pain medication management, right shoulder surgery and psychological evaluation, psychotherapy and psychiatric medications treatment. Previous diagnostic studies included x-rays and MRI. Report dated 01/06/2015 noted that the injured worker presented with complaints that included chronic pain in the right elbow and shoulder. Physical examination was positive for abnormal findings with decrease range of motion and tenderness to palpation of the shoulder. The treatment plan included awaiting authorization for MRI arthrogram of the right shoulder, pain management, Norco and omeprazole. Disputed treatment includes Norco.

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, When to discontinue and weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The guidelines recommend that chronic pain patients with a history of psychosomatic disorders be treated with anticonvulsant and antidepressant medications with analgesic activities. The records did not show that the patient failed treatment with NSAIDs or non opioid co-analgesic medications. There is no documentation of the guidelines required compliance monitoring of serial UDS, absence of aberrant behavior and positive functional restoration. The criteria for the use of Norco 10/325mg #90 were not medically necessary.