

Case Number:	CM15-0076808		
Date Assigned:	04/28/2015	Date of Injury:	03/21/2012
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

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 55 year old male, who sustained an industrial injury on 3/21/12. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region, degeneration of cervical intervertebral disc, traumatic arthropathy of shoulder region, degeneration of thoracic intervertebral disc and degeneration of lumbar intervertebral disc. Treatment to date has included oral medications including narcotics, right rotator cuff repair, physical therapy and home exercise program. Currently, the injured worker complains of pain in neck, shoulder and low back. Physical exam noted multiple myofascial trigger points in trapezius muscle. The treatment plan included continued weaning of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Follow up visits Page(s): 405.

Decision rationale: Independent medical review has been requested to determine the medical necessity of "medication management." This request was denied by utilization review who states that the patient is only taking about 15 of his 30 Norco a month and that no refills have been requested, and therefore the patient can be seen on an as needed basis. The medication Norco is also not being recommended as medically necessary by Independent medical review nor by utilization review. Follow up on an as needed basis appears appropriate. Likewise, this request is not medically necessary.

Norco 10/325 one tablet every 4 hours as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement presented in the documentation. Likewise, this request is not medically necessary.