

Case Number:	CM15-0078627		
Date Assigned:	04/29/2015	Date of Injury:	12/26/2011
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

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

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 39-year-old male, who sustained an industrial injury on 12/26/11. He reported a right arm injury. The injured worker was diagnosed as having status post right shoulder slap lesion repair, postoperative meralgia paresthesia of right thigh, inguinal nerve neuralgia, cervical spine sprain/strain and C3-4 disc bulge. Treatment to date has included oral medications including opioids, activity restrictions, right shoulder surgery and physical therapy. Currently, the injured worker complains of ongoing pain in right shoulder, low back and thigh, rated 8-9/10 without medications and 5/10 with medications. Physical exam noted hip abductor weakness, diminished right patellar reflex and pain present on top of right thigh. The treatment plan included prescriptions for Tramadol ER and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of significant objective functional improvement therefore the request for continued Norco is not medically necessary.