

Case Number:	CM15-0099693		
Date Assigned:	06/02/2015	Date of Injury:	04/24/2005
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 56 year old female who sustained an injury on April 24, 2005. She has reported injury to the right shoulder and left knee and has been diagnosed with right rotator cuff tear and status post left knee arthroscopy with persistent knee arthritis. Treatment has included medication, surgery, physical therapy, acupuncture, a home exercise program, medical imaging, injection, and dental work. Physical examination noted squatting caused left knee pain and right shoulder abduction at 90 degrees caused shoulder pain. The treatment plan included Norco, Lidoderm patch, physical therapy, a urine screen, and modified work duty. The treatment request included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 7.5/325 MG #60 DOS 4/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 74.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. The patient's MRI from 12 years prior reveals a retracted rotator cuff tear for which he has not received surgery. No progressive weakness is noted. There has been no demonstrated improvement in pain limited function in the medical records. She has been on chronic opioid maintenance therapy for a long time and is likely dependent on the medication. MTUS 2009 does not recommend opioids to treat dependence. Based upon the lack of adherence to MTUS 2009, the Norco 7.5/325 mg is not medically necessary.

Retro Norco 5/325 MG #60 DOS 4/20/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is a lack of functional improvement. Opioids are noted to aggravate symptoms of depression which is a consideration in this patient. MTUS 2009 further states that opioids should be weaned and not abruptly stopped. Therefore, partial continuation of the opioids is medically necessary in this circumstance. The Norco 5/325 is medically necessary.