

Case Number:	CM13-0027094		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2010
Decision Date:	04/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 05/11/2010. The mechanism of injury was not included in the medical records. The 12/30/2013 clinic note reported a complaint of right shoulder pain. The note indicated the patient stated his normal chores, like doing yardwork, took him longer. His pain was rated at a 10/10. On examination, he had 125 degrees of elevation, 80 degrees of abduction, 30 degrees of external rotation, internal rotation to the SI joint, and extension to 45 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, 1 TABLET EVERY 6-8 HOURS - QUANTITY: 60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN (NORCO) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: California MTUS states ongoing monitoring of chronic pain patients on opioids must include on-going documentation of pain relief, lack of side effects and misuse and

functional improvements. The documentation submitted did not address any of the above; and therefore, it does not meet the guidelines. As such, the request is non-certified.