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| Case Number: | CM13-0031090 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 05/10/2012 |
| Decision Date: | 01/16/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 57 year old male who reported an injury to his left shoulder on 05/10/2012. The mechanism of injury was not provided. The patient participated in an initial course of therapy with some improvement in range of motion of the left shoulder, but had persistent complaints. He then underwent a subacromial decompression and distal clavicle excision on 08/17/2012 with an unknown duration of post-operative physical therapy. The patient was considered permanent and stationary on 01/23/2013 and returned to his usual work duties without restrictions. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg-325mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

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

Decision rationale: MTUS Chronic Pain Guidelines recommend several actions for the initiation and on-going management for the use of opioids. It is unclear how long the patient has been taking this medication as it was not mentioned in any of the medical records provided for review. The Guidelines recommend that an initiation of opioids for treatment of chronic pain

should begin with an objective baseline pain and functional assessment utilizing the visual analog scale (VAS) and quantified ranges of motion. There should also be an initial urine drug screen to assess for the presence of illegal drugs. On-going management includes objective documentation regarding pain relief using the VAS scale, increased physical functioning, any side effects, and aberrant behaviors. There should also be frequent drug screens done to assess compliance. There was no evidence of efficacy documented in the records provided for review nor was there evidence of any drug screen being done. As such, the request for pharmacy purchase of Norco 5mg-325mg #40 is not medically necessary and appropriate.