

Case Number:	CM14-0011068		
Date Assigned:	02/21/2014	Date of Injury:	12/09/2011
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 Neurological Surgery and is licensed to practice in California. 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 injured worker is a 48-year-old female who was injured on December 9, 2011. For this review are handwritten physical therapy notes dating as recent as January 10, 2014. The most recent clinical progress note is dated November 11, 2013. The injured worker is documented as presenting with persistent right shoulder pain following history of rotator cuff repair in March 2013 and persistent low back pain that radiates into both lower extremities. Pain is documented as improving with the Norco on the visual analog scale (VAS). Physical examination documents diffuse paraspinal tenderness over the lower lumbar spine and pain with lumbar rotation, bending, extension, and flexion. Sensation is documented as being intact throughout and mild paraspinal muscle spasms are noted. The examination of the right shoulder reveals limited range of motion. Current diagnoses include cervical and lumbar chronic strain, status post right shoulder rotator cuff repair, status post right foot crush injury with residual plantar fascia pain, and right upper extremity paresthesias. The utilization review in question was rendered on January 24, 2014. The reviewer modified the request for Norco from 120 tablets to 60 tablets noting a lack of documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE/APAP 10/325MG) #120, SIG: 1-2 TABLETS BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN WITH NO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids; Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) has outlined guidelines for opioid utilization. One of which states the injured worker must show functional improvement. The injured worker's pain is documented as having been improved, but the clinician does not comment on function. As such, there is insufficient information to establish the medical necessity and appropriateness of the requested Norco (Hydrocodone/APAP 10/325mg) #120.