

Case Number:	CM14-0124798		
Date Assigned:	08/08/2014	Date of Injury:	08/13/2011
Decision Date:	09/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation 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 reported an injury on 08/13/2011, after lifting heavy luggage. The injured worker's treatment history included physical therapy, x-ray, MRI, medications. The injured worker was evaluated on 07/03/2014, and it was documented the injured worker complained of left shoulder pain. The provider noted that the injury's subjective complaints, physical findings, and results of diagnostic testing has been performed to satisfy the generally accepted medical guidelines or the general accepted medical indications for right shoulder arthroscope and debridement, which was an accepted treatment alternative that was within the standard of accepted medical/surgical care in the medical community. The provider failed to indicate injury worker's pain level while on medications. Medications included Norco. Diagnoses included cervicalgia-nondiscongenic, lateral end, supraspinatus, and impingement syndrome. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 60 is not medically necessary.

Percocet 10/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 60 is not medically necessary.