

Case Number:	CM14-0130682		
Date Assigned:	08/20/2014	Date of Injury:	12/24/2011
Decision Date:	10/01/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 40 year old female was reportedly injured on 12/24/2011. The mechanism of injury is noted as a slip while standing on a seven foot ladder handing merchandise to a coworker. The most recent progress note, dated 8/19/2014 indicates that there are ongoing complaints of left shoulder, right knee, left ankle and intermittent neck pain. The physical examination demonstrated Spurling/Hoffman negative; left shoulder range of motion diminished internal rotation with aggravated pain; tender with tapping at left acromioclavicular joint (ACJ); deep tendon reflexes 2+ symmetrical; peripheral pulls full and equal; no clonus; Babinski negative; straight leg raise unremarkable. MRI of left shoulder dated 7/29/2014 demonstrated supraspinatus muscle tendinosis, superior glenoid labral tear and fluid surrounding the subscapularis tendon. Previous treatment includes left anterior cruciate ligament (ACL) repair on 2/22/2012, left shoulder rotator cuff repair on 9/26/2000, physical therapy, knee brace, shoulder cortisone injections and medications to include Zorvolex (Diclofenac), Voltaren gel and Norco. A request was made for Norco 5/325 milligrams number twenty without future auto refills, which was not certified in the preauthorization process on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 5/325 number twenty (20) without future auto refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Medical Treatment Utilization Schedule (MTUS) guidelines support "short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing documentation of pain relief, functional status, appropriate medication use and side effects." The claimant has been taking Norco for chronic pain since a work related injury in 2011; however, there is no objective clinical documentation of improvement in their pain or function. As such, this request is not medically necessary.