

Case Number:	CM14-0153761		
Date Assigned:	09/23/2014	Date of Injury:	07/29/2009
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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:

This is a 42 year old patient who sustained injury on July 29, 2009. He had ongoing issues with right shoulder pain. [REDACTED] saw the patient for shoulder pain on the right side and prescribed norco on Jun 10 2014. A clinical review performed on July 26 2014 showed that the patient had been taking norco for right shoulder pain at that time. The patient was seen on Aug 6 2014 by [REDACTED] for right shoulder pain and was prescribed a refill for Norco. He was noted to have decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 5/325 mg, #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 75,76-79,91.

Decision rationale: Per MTUS guidelines, the patient had a functional improvement and was able to return to work with this medication. It would be medically indicated for this patient.

Therefore, the request for 1 prescription for Norco 5/325 mg, #90 with 1 refill is medically necessary and appropriate.