

Case Number:	CM14-0030862		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2008
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder pain reportedly associated with cumulative trauma at work first claimed on January 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier right shoulder arthroscopy in January 2010; subsequent left shoulder arthroscopy in February 2013; opioid therapy; and work restrictions. In a Utilization Review Report dated March 3, 2014, the claims administrator apparently denied a request for Norco. The claims administrator stated that the attending provider had not documented any improvements in pain or function with opioid therapy. The applicant's attorney subsequently appealed. In an October 2, 2013 progress note, the attending provider stated that the applicant reported persistent bilateral shoulder pain, ranging from 4-6/10. The applicant stated that her pain levels were reduced with medications. It was stated that the applicant was using a half tablet of Norco on an as-needed basis in conjunction with Flector patches. The applicant was working modified duty at [REDACTED], the attending provider noted. The applicant was apparently returned to work with a 20-pound lifting limitation. In an applicant questionnaire dated October 2, 2013, the applicant disagreed with the statement that she would not be able to go back to work, implying that she was, in fact, presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work on a full-time basis at [REDACTED], albeit with limitations in place. The applicant is reporting appropriate reductions in pain levels and improvements in work and non-work function as a result of ongoing Norco usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.