

Case Number:	CM14-0032096		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2011
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 35 year old female who sustained an injury on 06/17/11 while lifting objects. The injured worker developed complaints of pain in the left shoulder. She continued to work; however, she had persistent pain in the left shoulder at which time the injured worker sought treatment. Initial treatment included physical therapy; however, this was only performed for 1 session due to severe pain. The injured worker is noted to have had a prior arthroscopic procedure for the left shoulder followed by postoperative physical therapy. She did have associated anxiety and depression secondary to pain. The injured worker did return to work for a 9 month period; however, she had to discontinue working due to continuing left shoulder pain. Medications for this injured worker did include Norco. There was a recent urinary drug screen completed on 02/27/14 which noted positive findings for Hydrocodone; however, inconsistent results were noted for the use of Tramadol which was not a prescribed medication. The injured worker was being prescribed Norco 5/325mg and Ambien 5mg. The injured worker continued to describe pain and tenderness in the left shoulder. Physical examination reported worsening findings. No specific range of motion measurements were noted; however, they were reported to be reduced. No specific mention of benefit from medications was noted. The records did not discuss the inconsistent results from the most recent urine drug screen. The injured worker was recommended to continue with psychotherapy. Follow up on 03/31/14 noted no change in physical examination. The amount of range of motion in the left shoulder was not specifically documented. There was no clear discussion regarding benefits from medications and the requested Norco was denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Norco is a short acting narcotic that can be considered an option in the treatment of moderate to severe musculoskeletal complaints. Guidelines do recommend that there be ongoing assessments regarding this medication demonstrating functional benefit obtained as well as pain reduction. This was not clearly documented by the clinical reports provided for review. The clinical reports also did not address the inconsistent urine drug screen reports which were positive for Tramadol which was not a prescribed medication per the most recent clinical reports. Lastly, the submitted request is non-specific in regards to quantity, dose, duration, or frequency. Given the lack of documentation regarding the efficacy of Norco as well as the non-specific request, inconsistent urine drug screen findings, the clinical documentation submitted as well as current evidence based guidelines, this request is not medically necessary.