

Case Number:	CM14-0040747		
Date Assigned:	06/27/2014	Date of Injury:	10/05/2008
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehab and is licensed to practice in Nevada. 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 62-year-old male was reportedly injured on October 5, 2008. The mechanism of injury was not listed in the records provided for review. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of neck and left shoulder pains. The physical examination demonstrated a decreased grip strength on the left, a slight decrease in cervical spine range of motion, positive from a compression testing in the cervical spine and a decrease in shoulder range of motion of the left. Diagnostic imaging studies objectified left shoulder changes warranting surgical intervention. Previous treatment included physical therapy, multiple medications and left shoulder arthroscopy (October 2012). A request was made for narcotic analgesics and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg, 1 tablet every 6 hours as needed for pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the findings on physical examination, the surgical treatment rendered and the parameters outlined in the MTUS, there was no clinical indication or medical necessity for the continued use of this opioid narcotic. The MTUS establishes that this medication is for the short-term management of moderate to severe breakthrough pain. There was no discussion presented that there was any breakthrough pain. Furthermore, this is not meant to be a chronic, indefinite use and there was no noted efficacy, utility, functional improvement or ability to return to work. Therefore, this medication is not succeeding in ameliorating the symptomatology. Each of these factors contribute to the determination that there is no medical necessity for this preparation.