

Case Number:	CM14-0057652		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2009
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 injured worker is a 35 year-old female who was injured on 12/2/09. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/27/14, indicates that there are ongoing complaints of shoulder pain. The physical examination demonstrated manual muscle strength testing of the upper extremities at 5/5 throughout, no sensory defects noted. Range of motion 70%, distal n/v intact, and stability not tested. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS Chronic Pain Medical Treatment Guidelines support short-acting opiates at the lowest possible dose to

improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in pain or function with the current regimen. As such, this request for Norco is not medically necessary.