

Case Number:	CM14-0078333		
Date Assigned:	07/18/2014	Date of Injury:	10/03/2011
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 59 year old female with a 10/3/2011 date of injury. She was scrubbing a bath tub and felt pain in her right upper arm. A progress reported dated 2/24/14 noted subjective complaints of 7/10 right shoulder pain. With her medications, she can bring her pain down to a 3/10. The medication effect is a minimum of four hours. She is able to do light housework and is fully independent in her self-care when she takes the medications. It allows her to function fully in her daily activities. She denied adverse reactions. Objective findings included tenderness to the lateral and superior aspect of the right shoulder. A progress report dated 4/3/14 notes that patient states that the medications keep her pain at a manageable level. It is documented that a urine drug screen will be performed. Diagnostic Impression: right shoulder pain, right knee pain, upper GI bleed due to NSAID. Treatment to Date: medication management, chiropractic therapy A UR decision dated 4/30/14 modified the request for Norco 5/325 mg #60 to #30. There is no documentation of objective evidence of derived functional benefit from previous use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 for right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is clear documentation that her pain is significantly improved with medication. She is also able to fully be independent and function fully in her daily activities, including activities such as light housework. It is documented that there are no reported adverse reactions. It is documented in the treatment plan that the patient will undergo urine drug screening. Therefore, the request for Norco 5/325 mg #60 for right shoulder was medically necessary.