MAXIMUS Federal Services

Case Number:	CM14-0192612		
Date Assigned:	11/26/2014	Date of Injury:	08/12/2009
Decision Date:	02/09/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/18/2014

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:

This individual is a 55 y/o male who has developed chronic shoulder pain subsequent to an injury dated 8/12/09. He had a history of remote shoulder problems and the right shoulder was aggravated by an injury on 8/12/09. He has been treated with right shoulder decompressive surgery on 10/10/12 with little benefit to pain complaints. He continues to have pain rated at 3-5/10 VAS. He also has a diagnosis of an anxiety disorder; sleep disorder, and cardiovascular disease. He has been utilizing Norco at 6/day for many years. He reports that it assists with sleep and am functioning. The records document little use of the shoulders for several years, but the orthopedic physician is recommending increased lifting abilities and he is to start an exercise program. In addition to the Norco, the patient utilizes several mediations for his other medical problems and anxiety. There is no documented history of misuse or aberrant drug related behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Quantity 540.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the judicious use of opioids when there is pain relief and functional benefits. Although the documentation is not ideal, there is adequate documentation of pain benefits, functional benefits, stable use and the lack of misuse over a several year period. Therefore, the requested Norco 10/325mg. #540 is medically necessary.