

Case Number:	CM14-0207126		
Date Assigned:	12/19/2014	Date of Injury:	09/02/2011
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, and is licensed to practice in Florida. 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 patient is an adult female with a date of injury of 9/2/2011. A 11/17/2014 office note mentions the following diagnoses: chronic pain syndrome, impingement syndrome of the shoulder on the right status post decompression, rotator cuff repair, and modified Mumford procedure, MRI showing C5-C6 discogenic cervical condition. Her work status is described as not working. Objective findings on this office note were tenderness on the right shoulder and weakness against resistance. A utilization review physician did not certify continuation of her chronic narcotic medication Norco. Therefore, an Independent Medical Review was requested to determine the medical necessity of this narcotic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has

improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, this patient has not returned to work, and there is no objective evidence of improved pain and improved functioning. Therefore, this request for Norco is not considered medically necessary.