

Case Number:	CM14-0208026		
Date Assigned:	12/22/2014	Date of Injury:	01/20/2014
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has date of injury of 1/20/14. He is being treated for persistent neck pain and right shoulder pain diagnosed as a cervical strain and shoulder impingement syndrome, respectively. Physical examination reports a positive Neer, Hawkins and Jobe test. MRI of the right shoulder also reports evidence of trapezius muscle strain. Cervical MRI was read as normal. There was a trial of corticosteroid injection to the right shoulder. He continues to receive ongoing pharmacologic treatment with Norco. Request is being made for continuation of Norco 7.5/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The injured worker is being treated for chronic shoulder pain diagnosed as impingement syndrome and strained trapezius muscle. Medication regimen includes Flexeril, Flector and Norco. He has participated in several physical therapy sessions. His pain level is reports to be improved from 8/10 to 5/10. Records also indicated that he has he was returned to work modified duty. MTUS guidelines recommends continuation of opioid therapy when there is demonstration of improved function and pain or return to work. In this injured worker's case all conditions have been met. Request for Norco is therefore medically necessary.