

Case Number:	CM14-0210599		
Date Assigned:	12/19/2014	Date of Injury:	06/14/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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: Family Practice

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 injured worker's date of injury is 06/14/2013. The initial injury occurred at work, when the patient wheeled a patient on a gurney and felt a "pop" inside the right shoulder which was followed by pain. This patient receives treatment for chronic right shoulder and neck pain. The medical diagnoses include right shoulder partial rotator cuff tear, s/p arthroscopic decompression and Mumford procedure, upper trapezius muscle strain, and neck pain. The patient had arthroscopic right shoulder surgery in October 2013 and has persisting symptoms which consist of stiffness and muscle pain. The patient received chiropractic treatment and physical therapy. Medications prescribed include Flexmid and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck and shoulder pain. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function when treatment relies on opioid therapy. This patient has become opioid dependent. The documentation fails to document neither a quantitative assessment of the level of pain control achieved nor any assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.