

Case Number:	CM15-0105360		
Date Assigned:	06/09/2015	Date of Injury:	12/23/2013
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational Medicine

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 was a 40 year old female, who sustained an industrial injury, December 23, 2013. The right shoulder and elbow pain was from 10 years of repetitive use at work. The injured worker previously received the following treatments right shoulder arthroscopic debridement, Tylenol, Flexeril, Norco, Wellbutrin, Topamax, Atorvastatin, Trazodone, Aspirin, physical therapy and right shoulder injections. The injured worker was diagnosed with right shoulder bursitis, Cervicalgia, right shoulder impingement syndrome and bicipital tendinitis. According to progress note of February 12, 2015, the injured workers chief complaint was right shoulder and right elbow pain. The injured worker was right handed. The injured worker was being treated with Flexeril and Tramadol for pain. The physical exam noted tenderness over the right shoulder at the anterior aspect. There was 170 degrees of abduction and forward flexion bilaterally. The internal rotation was 60 degrees bilaterally and internal rotation to T8 bilaterally. The right shoulder was tender over the anterior aspect of the acromion, tender over the biceps tendon, non-tender over the AC joint. The Speed's test was positive and positive impingement syndrome. There was right parascapular tightness and spasms, secondary to right shoulder impingement syndrome. The injured worker received an injection into the right shoulder at this visit. The treatment plan included a prescription for Norco for right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 50.00: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 5/325mg quantity 50.00 is medically necessary.