

Case Number:	CM15-0107853		
Date Assigned:	06/12/2015	Date of Injury:	12/14/2013
Decision Date:	07/14/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 48 year old male, who sustained an industrial injury on 12/14/13. The injured worker has complaints of right shoulder pain. The documentation noted that the injured worker reports continued improvement with medications and physical therapy in improving his pain levels, function, range of motion and overall sense of comfort. The documentation noted on examination that the injured workers right shoulder range of motion flexion was 160 degrees, extension 40 degrees, abduction 160 degrees and adduction 40 degrees. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included physical therapy; status post right shoulder sub-acromial decompression/with Mumford and norco. The request was for norco 10/325mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has improved overall but the documentation is not clear on the points of the above pain assessment or why the patient has increased from a quantity of 60 Norco to a quantity of 90 this visit. Without a clear rationale for this increase the request for Norco is not medically necessary.