

Case Number:	CM15-0109585		
Date Assigned:	06/16/2015	Date of Injury:	02/20/2013
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Internal Medicine, Rheumatology

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 59 year old female, who sustained an industrial injury on February 20, 2013, incurring shoulder and spine injuries after her jacket got caught in a conveyor belt. She developed pain in the right arm and right shoulder. She was diagnosed with calcific tendinitis and impingement syndrome, internal derangement of the shoulder and cervical disc displacement. She underwent cervical fusion spine surgery in July 2014, and right shoulder subacromial decompression and resection of the distal clavicle surgery in 2013. Treatment included physical therapy, traction, pain medications, anti-inflammatory drugs, and work modifications. Currently, the injured worker complained of constant pain in the right shoulder and neck, and down into the elbow. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of shoulder pain and cervical spine pain since date of injury 2/20/13. She has been treated with surgery, physical therapy and medications to include opioids since for at least 8 weeks duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non- opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS Guidelines, the request for Norco is not medically necessary.