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| Case Number: | CM15-0131679 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 09/27/2013 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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 (IW) is a 34 year old female who sustained an industrial injury on 09/27/2013. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having chronic right shoulder pain, and chronic neck pain with radiation to the right upper extremity. Treatment to date has included medications, MRI of the right shoulder (01/02/2014), and MRI of the C-spine (11/13/2013). Currently, the injured worker is seen in follow-up for pain. Her average pain score is about a 5-6 on a scale of 1-10. With medications, she is able to work an 8 hour shift with restrictions. Current medications are Norco, Ibuprofen, Relafen, Flexeril, and topical Biofreeze. The worker was dispensed Norco #60, and Ibuprofen #60. Flexeril was prescribed for refill. There is no physical assessment recorded other than to state "No significant changes." A request for authorization was made for the following: 1. Retro DOS: 5/26/15 Norco 5/325mg #302. Motrin 800mg #60 DOS: 5/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5/26/15 Norco 5/325mg #30: Overturned

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

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

Decision rationale: MTUS Guidelines support the careful use of opioid medications when specific criteria are met which includes meaningful pain relief, support of function (best evidenced by RTW) and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. She is reported to have adequate pain relief to allow her to return to work. No aberrant drug related behaviors have been evident. Under these circumstances, the Retro DOS: 5/26/15 Norco 5/325mg #30 was supported by Guidelines and was medically necessary.