

Case Number:	CM15-0142914		
Date Assigned:	08/03/2015	Date of Injury:	01/02/2006
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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 is a(n) 40 year old female, who sustained an industrial injury on 1-2-06. She reported pain in her left shoulder and left upper extremity. The injured worker was diagnosed as having left shoulder tendinitis and left shoulder impingement syndrome. Treatment to date has included a TENs unit, physical therapy, topical medication and Norco since at least 12-4-14. On 6-2-15 the injured worker rated her pain a 3 out of 10 at best and a 9 out of 10 at worst. As of the PR2 dated 7-2-15, the injured worker reports sharp pain in her left shoulder and left upper extremity. She rates her pain a 3 out of 10 at best and an 8 out of 10 at worst. Objective findings include left upper extremity decreased abduction to 130 degrees and tenderness over the lateral subacromial and AC joint regions. The treating physician requested Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 111-113.

Decision rationale: MTUS Guidelines support the judicious use of opioids if there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These conditions are met with this individual. Drug testing is encouraged in the Guidelines particularly if there are red flags for possible misuse, but the Guidelines do not make urine drug testing mandatory if opioids medications are appropriately utilized. There well documented pain relief, support of function, and no historical factors suggestive of drug related aberrant behaviors (lost prescriptions, accelerated use etc). Under these circumstances, the Norco 10/325mg #150 is supported by Guidelines and is medically necessary.