

Case Number:	CM15-0034352		
Date Assigned:	03/02/2015	Date of Injury:	03/10/2009
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 03/10/2009. On provider visit dated 01/27/2015 the injured worker has reported right shoulder pain. The diagnoses have included right shoulder pain status post decompression. Treatment to date has included medication and physical therapy. Treatment plan included medication refills. On examination she was noted to have swelling right shoulder, tenderness to right shoulder and trapezius muscle and limited range of motion noted and right hand numbness noted. The note indicates that the patient has severe pain with diminished function. The note indicates that the patient's function is diminished without her pain medication. The patient is at risk for frozen shoulder due to lack of use of the shoulder from increased pain due to lack of medication. Hydrocodone has been the most beneficial for this patient despite trying stronger medications previously. Therapeutic modalities are also being used to control the patient's pain. On 02/09/2015 Review non-certified Norco 10/325 #120, prescribed 1/27/2015. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120, prescribed 1/27/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged that there should be more specific documentation regarding analgesic efficacy and objective functional improvement, discussion regarding specific side effects, and regular monitoring. However, a one month supply of medication, as requested here, should allow the requesting physician time to document those things better. In light of the above, the currently requested Norco is medically necessary.