

Case Number:	CM15-0043580		
Date Assigned:	03/13/2015	Date of Injury:	01/29/2014
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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 57 year old male, who sustained an industrial injury on January 29, 2014. He reported right leg, left shoulder and neck pain. The injured worker was diagnosed as having strain of the adductor longus, inguinal pain, disorders of bursae and tendons in the shoulder, contusion of abdominal wall and injury to rotator cuff of the left shoulder. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies including physical therapy, acupuncture, home exercises and psychological counseling, pain medications and work restrictions. Currently, the injured worker complains of left shoulder, left scrotal and right lower extremity pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. It was noted he was taking Norco for the pain however was weaned from the Norco and was noted to be using Tylenol for pain relief. Urinary drug screen on January 6, 2015, was noted as negative for Norco. Evaluation on February 3, 2015, revealed continued pain, worst in the groin area. The plan included continuing pain medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: 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): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of Opioids when there is pain relief plus functional support, in particular a return to work. These standards are met with this individual. Opioids are used sparingly on a prn basis with no use on some days. In addition, a return to light work is documented. Under these circumstances, the Norco 5/325 is supported by Guidelines and is medically necessary.