

Case Number:	CM15-0060818		
Date Assigned:	04/07/2015	Date of Injury:	08/31/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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) 36 year old male, who sustained an industrial injury on 8/31/11. He reported pain in his left upper extremity due to crush injury. The injured worker was diagnosed as having chronic left shoulder pain with partial frozen shoulder, chronic left upper extremity radicular symptoms and chronic cervical pain. Treatment to date has included a cervical MRI, a left shoulder MRI, acupuncture, left shoulder arthroscopy and Norco 5/325mg (since 2011). On 2/3/15, the injured worker reported having neck and shoulder pain. He is able to work at a friend's shop. As of the PR2 dated 3/6/15, the injured worker reports pain in his left shoulder. He is still having numbness in his left arm and tingling in his left hand. The treating physician requested to continue Norco 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents a high level of disability related to pain even with medication. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.