

Case Number:	CM15-0082602		
Date Assigned:	05/05/2015	Date of Injury:	10/13/2011
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60 year old male who sustained an industrial injury on 10/13/2011. Mechanism of injury was not documented. Diagnoses include rotator cuff tendinitis and bursitis on the left and cervical strain and cervical degenerative disc disease. Treatment to date has included diagnostic studies, medications, acupuncture, status post rotator cuff repair, and status post excision of left upper back subcutaneous 6cm lipoma. A chest computed tomography done on 03/11/2015 revealed a large subcutaneous lipoma superficial to the left chest wall and scapular muscles. A physician progress note dated 04/06/2015 documents the injured worker complains of cervical pain and spasm. He is status post left lipoma excision and complains of pain at surgical site. He has left shoulder pain and difficulty with motion, gripping and repetitive motion. Cervical range of motion is limited. There is tenderness to palpation with spasm, and motion is guarded due to pain. Right shoulder range of motion: Flexion is 140 degrees, extension is 30 degrees, abduction is 180 degrees, adduction is 30 degrees, internal and external rotation is 60 degrees. Left shoulder range of motion: flexion 180 degrees, extension 50 degrees, abduction 180 degrees, adduction 50 degrees, and internal and external rotation are 90 degrees. Medications include Diclofenac, Hydrocodone, Ranitidine and Trazadone. A physician progress note dated 03/09/2015 reviewed a urine test, which was negative for all medications. The injured worker was not taking the Norco regularly, last Norco was today, and current medication is Norco 4 times a day. Medications include Diclofenac, Hydrocodone, Ranitidine and Trazadone. Treatment plan includes prescriptions of Trazadone, Famotidine and diclofenac. Treatment requested is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 60 year old male with an injury on 10/13/2011. He had a rotator cuff repair. On 03/11/2015 it was noted that he had a superficial lipoma of the chest wall. He has decreased cervical and shoulder range of motion. On 03/09/2015, a urine test was negative for all medications. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.