

Case Number:	CM15-0085039		
Date Assigned:	05/07/2015	Date of Injury:	12/16/2009
Decision Date:	06/09/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/04/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 50 year old female sustained an industrial injury to the neck and left shoulder on 12/6/09. The injured worker was awaiting left shoulder surgery that had been put on hold due to problems with medical clearance. Recent treatment included medications. In a PR-2 dated 3/4/15, the injured worker complained of ongoing neck and shoulder pain. The injured worker rated pain 8/10 on the visual analog scale without medications and 5-6/10 with medications. The injured worker had been awaiting left shoulder surgery since at least 8/2014, but had ongoing problems with preoperative workup. The physician noted that the injured worker was barely managing her symptoms with pain medications. Physical exam was remarkable for shoulders protracted anteriorly forward with diffuse tenderness to palpation around the left shoulder with limited range of motion, positive impingement sign, motor strength 5/5 and intact sensation. The physician noted that the injured worker was barely functional but that he did not expect much functional improvement until she had the surgery. Current diagnoses included cervical disc disease, left upper extremity radicular pain, anxiety, depression and left shoulder pain. The treatment plan included medications (MS Contin and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 quantity 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included use of several medications including narcotics both long and short acting. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. The medical necessity of Norco is not substantiated in the records.