

Case Number:	CM14-0103536		
Date Assigned:	07/30/2014	Date of Injury:	04/01/2011
Decision Date:	10/08/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Orthopedics and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43-year-old claimant has a reported industrial injury on April 1, 2011. Surgical history includes a left shoulder arthroscopy, subacromial decompression, distal clavicle excision, and ulnar nerve decompression at the elbow on 8/27/2012. Examination from 5/29/14 of the claimant demonstrates complaints of persistent neck and bilateral upper extremity pain. Report demonstrates the pain is rated as 8 out of 10-3 at a 10. Norco reportedly gives approximate 4-5 hours relief. Examination demonstrates ongoing tenderness to cervical paraspinal muscles as well as bilateral trapezius and acromioclavicular joints. Range of motion of the shoulders is noted to be full with reproducible pain. The claimant is status post a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Norco 10/325mg TID #120 for dates of service 5/29/2014-5/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has

improved functioning and pain. Based upon the clinical documentation from 5/29/14 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the request is not medically necessary and appropriate.