

Case Number:	CM14-0104839		
Date Assigned:	09/16/2014	Date of Injury:	07/20/2010
Decision Date:	10/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53-year-old male who reported an injury on 07/20/2010 due to closing a very heavy door weighing about 800 pounds, he suffered an injury to his right shoulder and elbow. The diagnosis was pain in joint, shoulder region. Past treatments were medications and physical therapy. Past surgeries were 2 shoulder surgeries and a right elbow surgery. The physical examination on 08/06/2014 revealed complaints of right shoulder pain and right elbow pain. The pain was rated an 8/10. Medications were Norco 5/325 mg 1 twice a day as needed for pain. It was reported that 50% of the pain decreased with the medication. The neurological exam was normal. The cervical examination revealed the cervical spine was normal. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noeco 5/325 mg # 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): page 75, 78.

Decision rationale: The decision for Norco 5/325 mg #60 with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's of ongoing management for an opioid medication were not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.