

Case Number:	CM14-0161551		
Date Assigned:	10/07/2014	Date of Injury:	03/06/2014
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 41 year old female who was injured at work on 03/06/2014. She is reported to be complaining of right shoulder pain. The pain is dull, aching, constant, worsens with overhead and repetitive activities. The pain is associated with abnormal sensations in the right hand. The physical examination revealed limited range of motion of the right shoulder; palpable tenderness of the right shoulder; positive impingement sign, and slight weakness of the muscles of the right shoulder. The injured worker has been diagnosed of right shoulder pain, impingement syndrome and arthritis of the acromioclavicular joint. The treatments included chiropractic care, physical therapy, Mobic, Ibuprofen, Vicodin 5/500mg. At dispute is the request for Norco 10 milligrams, Qty: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 milligrams, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen and Hydrocodone/Ibuprofen.

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

Decision rationale: The injured worker sustained a work related injury on 03/06/2014. The medical records provided indicate the diagnosis right shoulder pain, impingement syndrome and arthritis of the acromioclavicular joint. Treatments included chiropractic care, physical therapy, Mobic, Ibuprofen, and Vicodin 5/500mg. The medical records provided for review do not indicate a medical necessity for Norco 10 milligrams, QTY: 30. The injured worker was being treated with Vicodin (like Norco, a combination of Hydrocodone and Acetaminophen), but at the return visit there was no improvement. The MTUS does not recommend continuing opioids unless the patient has returned to work and there is an improvement in pain and functioning. Furthermore, the records revealed the injured worker was prescribed Hydrocodone/Ibuprofen (Vicoprofen) the same time she was prescribed Norco. The combination would make the injured worker take more opioids than is recommended by the MTUS which recommends the use of the lowest effective dose of opioids for the shortest length of time. The request is not medically necessary.