

Case Number:	CM14-0162716		
Date Assigned:	10/07/2014	Date of Injury:	02/07/2014
Decision Date:	11/07/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 24-year-old female who reported an injury on 02/07/2014, while transferring a resident from the chair to the commode, the injured worker's legs gave out, and the resident grabbed hold of the injured worker in an attempt not to fall, when the injured worker heard a pop to the right shoulder. The injured worker complained of right shoulder pain with a diagnosis of right upper arm strain. Prior diagnostics included x-ray, which was negative. The prior treatments included 10 sessions of physical therapy, occupational therapy, acupuncture, a TENS unit, and medication. The MRI of the right shoulder dated 04/2014 revealed a rotator cuff tendinosis. The objective findings dated 08/04/2014 to the right shoulder revealed no deformities or spasms, no swelling, no atrophy to the right parascapular or right supraspinatus or infraspinatus muscles, no atrophy noted to the right arm or forearm. A range of motion to the right arm revealed a forward flexion of 60 degrees, abduction 60 degrees, internal rotation 70 degrees, external rotation at side 70 degrees, and internal rotation behind the back T10. Anterior relocation test to the right was negative. There was a positive Neer's impingement test, Hawkins impingement test, and Jobe test positive. Anterior AC joint stress test and the posterior AC joint stress test was positive. The sensory examination revealed a normal sensation. Reflexes were 2+. VAS was not provided. The treatment plan included Norco 5/325 mg, subacromial cortisone injections, and anti-inflammatory medications. The Request for Authorization dated 07/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

Decision rationale: The request for Norco 5/325 mg #60 with 1 refill is not medically necessary. The California MTUS 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 documentation provided was not evident of measurable functions or efficacy of the medication. The documentation did not address the ongoing pain management. Activities of daily living were not addressed. Adverse side effects were not addressed. The request did not address the frequency. As such, the request is not medically necessary.