

Case Number:	CM15-0002122		
Date Assigned:	01/13/2015	Date of Injury:	03/19/2012
Decision Date:	05/28/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 03/19/2012. The mechanism of injury was not provided. She was diagnosed with left shoulder impingement syndrome. Other therapies were noted to include medications, physical therapy, and surgery. The most recent note provided was dated for 05/07/2014. The injured worker reported persistent progressive left shoulder pain with overhead activities. Upon physical examination, she was noted to have left shoulder tenderness to palpation and limited range of motion with pain. Additionally, she was noted to have a positive Speed's, abduct, and impingement test. Her current medications were not provided. The treatment plan was noted to include modified activities, home exercise, and requesting left arm arthroscopic surgery. A request was submitted for Norco 5/325 mg quantity 100; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG Qty 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325 mg quantity 100 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is unclear when the injured worker started the requested medication. The clinical documentation submitted for review does not indicate that the use of this opioid provides pain relief for her; nor does it indicate that it helps increase her ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screen, verifying appropriate medication use. Based on the documentation provided, the use of the opioid would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request is not medically necessary.