

Case Number:	CM15-0103423		
Date Assigned:	06/05/2015	Date of Injury:	10/02/2007
Decision Date:	07/14/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/29/2015

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: Preventive Medicine, Occupational Medicine

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 27 year old male, who sustained an industrial injury on 10/2/2007. He reported injury from a slip and fall. The injured worker was diagnosed as having chronic right shoulder pain-status post arthroscopy, chronic low back pain, left shoulder pain and chronic right ankle pain-status post-surgery. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/29/2015, the injured worker complains of low back pain, bilateral shoulder pain and ankle pain. The primary complaint was shoulder pain rated at 5-6/10 without medication and 3/10 with medications. Physical examination showed decreased right shoulder range of motion. The treating physician is requesting Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, functional support and a lack of drug related aberrant behaviors. These standards are clearly met in this individual. Greater than 50% pain relief is noted from opioids and the frequency of use and length of benefits are carefully documented. Functional support is clearly documented as this individual has returned to work which is the best measure of function (per Guideline standards). No drug related aberrant behaviors have surfaced. Under these circumstances, the Norco 10/325mg #150 is supported by Guidelines and is medically necessary.