

Case Number:	CM15-0076064		
Date Assigned:	04/27/2015	Date of Injury:	07/04/2013
Decision Date:	06/01/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/21/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 52-year-old female, with a reported date of injury of 07/04/2013. The diagnoses include status post left shoulder arthroscopy, cervical strain, intermittent thoracic pain with burning sensation, intermittent lumbar spine pain, and post-traumatic headaches. Treatments to date have included electrodiagnostic studies, MRI of the cervical spine, oral medication, physical therapy, and cortisone injection to the left shoulder. The progress report dated 02/17/2015 indicates that the injured worker still had a lot of dysfunction and difficulty with motion of the left shoulder. It was noted that she was having difficulty with activities of daily living. The injured worker's current complaints include left shoulder pain, neck pain, mid-back pain, low back pain, and headaches. It was documented that the pain medication helped to some degree with the left shoulder pain, but not a whole lot. She was able to do activities of daily living and had less pain when she used the medication. The physical examination showed muscle spasm, tightness, and tenderness of the paracervical muscles, no tenderness of the paralumbar muscles, decreased cervical and lumbar spine range of motion, slight to moderate tenderness of the left shoulder, decreased left shoulder range of motion, and mild tenderness of T4-8 parathoracic muscles without muscle spasm. It was noted that the injured worker had been kept on temporary total disability. There was no documentation of the injured worker's pain ratings. The treating physician requested Norco 5/325mg #60 for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records. According to the clinical documentation provided and current MTUS guidelines; Norco is indicated a medical necessity to the patient at this time.