

Case Number:	CM13-0063228		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 and 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 47 -year-old male who reported an injury on 4/20/09; the mechanism of injury was not provided for review. The clinical note dated 10/18/13 noted that the injured worker presented with complaints of shoulder and arm pain. The injured worker's symptoms continued to increase; he reported bilateral shoulder pain, left greater than the right. The clinical note indicated the injured worker's left shoulder was tender about the biceps tendon as well as the acromioclavicular joint. The injured worker had well healed incisions from previous surgery. The injured worker's range of motion is noted to be limited with passive range of motion at 90 degrees and active abduction at 80 degrees. The plane, flexion, extension were not provided in the documentation for review. The injured worker had diagnoses including left shoulder impingement syndrome with acromioclavicular joint pain, adhesive capsulitis, and probable recurrent rotator cuff tear, status post arthroscopy 3/22/11, right shoulder impingement syndrome with acromioclavicular joint pain compensatory, L3-4, L2-3, and L4-5 disc protrusions with neural foraminal stenosis, bilateral knee pain with history of prior right knee surgery (no date given), bilateral carpal tunnel syndrome, and psychiatric disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 NORCO 10/325MG, 1 EVERY 6 HOURS AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend opioids for controlling pain, but for ongoing management there should be documentation of analgesics, activities of daily living, adverse side effects, and aberrant drug taking or non-aberrant drug-taking behavior. The guidelines recommend ongoing review and documentation of pain relief from the medications, the function status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period of time since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The monitoring of these outcomes should affect therapeutic decisions to provide a framework for documentation in the clinical use of these controlled drugs. The injured worker's medication regimen included Ultram 50mg, 1 every 6 hours as needed; Ambien 10mg, 1 at bedtime; and Norco 10/325mg, 1 every 6 hours as needed. The documentation provided does not indicate how long the injured worker has been on Norco, or the effects it had on the pain levels and activities of daily living. There was not any documentation provided for the monitoring of the outcome of the medication or how long the injured worker has been taking this medication. The documentation submitted failed to provide the injured worker's response to this medication. Therefore, the request for the Norco is non-certified.