

Case Number:	CM14-0018403		
Date Assigned:	04/18/2014	Date of Injury:	04/19/2009
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 60 year old male who was injured on 04/19/2009. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing left shoulder arthroscopy on 01/13/2012 and total shoulder arthroplasty of the right shoulder on 07/16/2013. He has had Orthovisc injection post-surgery. Progress report dated 10/10/2013 documented the patient with complaints of stiffness as well as discomfort, however, overall improvement. He has not yet begun a course of physical therapy. Objective findings on exam reveal he can forward flex to 110 degrees and actively and passively to 150 degrees. Progress report dated 01/02/2014 documented the patient continues to have occasional stiffness, achiness and pain involving the right shoulder. He does have overall improvement and he is currently undergoing a course of physical therapy, which is improving his range of motion and strength. Patient is able to perform forward flexion and abduction to 115 degrees and internal rotation to the sacroiliac joint. Plan: Continue with the prescribed course of physical therapy, ice, anti-inflammatory meds and self-directed stretching and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #40 WITH NO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OCCUPATIONAL MEDICINE GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS CRITERIA FOR USE, 74-95

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, Norco is a short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. It is indicated for moderate to moderately severe pain. The guidelines further indicate that "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." In this case, this patient underwent total shoulder arthroplasty and continues to have shoulder pain and stiffness. The medical records document that the patient is improving with a physical therapy program. Further there is no indication patient is on active home exercise program which is recommended. The examinee has been prescribed this medication chronically; however, the recent progress reports do not document pain assessment that includes current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking opioids, how long it takes for pain relief, and how long pain relief lasts. The request is not medically necessary or appropriate and slow tapering/weaning process needs to be initiated due to risk of withdrawal symptoms.