

Case Number:	CM14-0127237		
Date Assigned:	08/15/2014	Date of Injury:	05/14/2012
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 28-year-old male with a 5/14/12 date of injury, and status post arthroscopic right shoulder subacromial decompression, distal clavicle resection, and extensive debridement of partial-thickness bursal surface rotator cuff 6/21/14. At the time (7/2/14) of request for authorization for Norco 10/325mg #120 between 7/2/2014 and 9/23/2014, there is documentation of subjective (neck stiffness and headaches that started after right shoulder surgery) and objective (well healed surgical scars, no signs/symptoms of infection, tenderness to palpation present over right upper trapezius muscle, levator scapular muscle, supraspinatus tendon, subacromial region and over the surgical scar, impingement test negative, range of motion of right shoulder as follows: flexion 60 degrees, extension 20 degrees, abduction 60 degrees, adduction 20 degrees, internal rotation 30 degrees, and external rotation 40 degrees, and 4/5 muscle weakness in all planes with increased pain) findings, current diagnoses (electrocution left little finger burn with ulnar neuropathy, cervical/trapezial musculoligamentous sprain/strain, and thoracic musculoligamentous sprain/strain), and treatment to date (medications (including ongoing treatment with Norco), surgery, and home exercise program). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 between 7/2/2014 and 9/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of electrocution left little finger burn with ulnar neuropathy, cervical/trapezial musculoligamentous sprain/strain, and thoracic musculoligamentous sprain/strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 between 7/2/2014 and 9/23/2014 is not medically necessary.