MAXIMUS Federal Services

Case Number:	CM14-0157390		
Date Assigned:	09/30/2014	Date of Injury:	05/07/2012
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 71 year-old male who injured his right shoulder by reaching for a heavy object on 5/7/12. The patient complains of pain in the right shoulder with numbness and tingling. On exam, he had tenderness, spasms, and decreased motor strength and range of motion of his right shoulder. He had decreased sensation at C6, C7, C8 dermatomes on the right. He had an MRI of the right shoulder without documented results. The patient was diagnosed with right rotator cuff tear, acromioclavicular arthrosis, labral tear, degenerative joint disease, and adhesive capsulitis. On 12/13/12, the patient had right shoulder arthroscopy with subacromial decompression, debridement of the rotator cuff and glenohumeral ligament, removal of loose bodies, Mumford procedure and revision of acromioplasty. His medications have included Lunesta, hydrocodone, ultram (which he felt was not helping his pain), and Xanax. The patient described his pain as 8-9/10 while taking his current medications. He had a positive urine drug screen for opiates. The patient also had physical therapy with home exercises that provided some improvement in pain and used a continuous passive motion machine. The current request is for a refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg/Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 88-89.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without documentation of the improvement in pain. Even while opiates, the patient rated his shoulder pain as 8-9/10. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. It is unclear by the chart how often the patient requires the use of opiates for pain relief. There are no clear plans for future weaning, or goal of care. The patient was getting relief through physical therapy. And there was no documentation of the use of anti-inflammatories for the treatment of his shoulder pain. Because of these reasons, the request for Norco is considered medically unnecessary.