

Case Number:	CM14-0159968		
Date Assigned:	10/03/2014	Date of Injury:	05/25/2010
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Tennessee. 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:

This is a 61-year-old male with a 5/25/10 date of injury, when he attempted to lift a driveline shaft into a truck and felt a sharp sudden pain in his left shoulder. The patient underwent arthroscopic repair of the left rotator cuff tear on 01/18/2011. The reviewer's note dated 9/19/14 indicated that the patient was seen on 8/4/14 with complaints of persistent pain in the left shoulder without changes over the previous month. The patient was diagnosed with osteoarthritis of the left shoulder and suprascapular neuritis. The patient stated that without the medications he could not perform his daily activities. The patient was utilizing Norco 10/325 mg #120. Exam findings revealed that the patient was alert and oriented without signs of sedation. The diagnosis is impingement syndrome, status post rotator cuff repair, acromioclavicular joint arthritis and shoulder pain. Treatment to date: steroid injections, nerve blocks, work restrictions, medications and physical therapy. An adverse determination was received on 9/22/14. The request for Norco 10/325mg #120 with 2 refills was modified to 1 prescription of Norco 10/325mg #120 with no refills for the purpose of a trial to taper to a lower dose given that the documentation did not include pain relief evidence, functional status and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of medications; Opioids for chronic pain Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing Norco at least form 5/27/10 however; there is a lack of documentation indicating objective functional gains from the prior use. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment and the records do not clearly reflect continued analgesia and continued functional benefit. In addition, the UR decision dated 9/22/14 modified the request for Norco 10/325mg #120 for a purpose of tapering. Therefore, the request for Norco 10/325 #120 is not medically necessary.