

Case Number:	CM14-0169367		
Date Assigned:	10/17/2014	Date of Injury:	12/01/2009
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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:

This case is a male employee with a date of injury on 12/1/2009. A review of the medical records indicates that the patient has been undergoing treatment for shoulder pain. Subjective complaints (8/6/2014) include joint pain, loss of strength, and stiffness. Objective findings (8/6/2014) include tenderness to palpation of left shoulder with muscle spasms over the subacromial region, and decreased range of motion to shoulder. MRI on 9/5/2014 indicates partial thickness supraspinatus tendinosis, minimal degeneration of superior labrum, and mild AC joint degeneration. Treatment has included Cyclobenzaprine, Naproxen, and Norco (since at least 8/2014). A utilization review dated 9/11/2014 modified a request for Norco 2.5/325mg #120 down to Norco 2.5/325mg #15 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Pain, Opioids

Decision rationale: The ODG does not recommend the use of opioids for shoulder pain, "Not generally recommended for acute pain, except for severe cases, not to exceed two weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 120 is not medically necessary.