

Case Number:	CM14-0031756		
Date Assigned:	06/20/2014	Date of Injury:	03/27/2007
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 65 year old male who sustained an injury on 03/27/2007. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic right shoulder pain rated as 7/10 on the visual analog scale (VAS). The injured worker was seen by a treating physician on 03/10/14. Per the report, the injured worker had recent consistent urine drug screens in December 2013. The injured worker was being prescribed Norco 10/325 mg utilized 4 times daily and Ambien 10 mg nightly for sleep. The injured worker is noted to have had a prior right shoulder rotator cuff repair with biceps tenodesis and Superior Labrum Anterior and Posterior (SLAP) lesion repair. Per the report, there was continued tenderness to palpation at the right shoulder with positive impingement signs. There were provocative maneuvers noted in the right shoulder and cervical spine. Motor weakness was intact with the exception of some mild weakness noted at the right deltoid and biceps. The injured worker was reported to have decreased pain from 8 to 4/10 on the VAS scale with the use of Norco. The injured worker did have a noted updated pain contract with consistent urinary drug screen findings. No adverse effects were reported, and the injured worker did not identify any aberrant medication behaviors. The request for Norco 10/325 mg #120 was denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The injured worker had been utilizing Norco for ongoing chronic right shoulder pain following surgical intervention. Per the medical record, the injured worker was obtaining at least 50% improvement with the use of Norco 4 times per day. The injured worker's overall narcotics usage was less than 120 mg morphine equivalent dosage (MED). The injured worker was described as having functional improvement obtained with the use of Norco. No evidence of diversion or abuse was identified and the injured worker had consistent urine drug screen findings. The treating physician did have a pain agreement with the injured worker. Per guidelines, short acting narcotics such as Norco can be considered for ongoing moderate to severe musculoskeletal complaints. As the injured worker is noted to have had at least 50% improvement in symptoms with functional improvement and compliance was documented, Norco 10/325mg is medically necessary.