

Case Number:	CM14-0046425		
Date Assigned:	07/02/2014	Date of Injury:	05/14/2012
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 27-year-old male with a date of injury of 05/14/2012. According to progress report 03/05/2014 by [REDACTED], the patient presents with right shoulder pain which is increased with lifting, pushing, pulling, and reaching, and decreased with medication and home exercise program. The patient is now requesting surgery. This patient is status post left shoulder arthroscopy on 05/22/2013. Patient continues with left shoulder pain and states he has fair results with the surgery. Symptoms are increased with lifting, pushing, pulling, and reaching. He has on and off flareups and symptoms are decreased with home exercise program and medication. Request for authorization from 03/05/2014, requests Norco 10/325 mg #120. Utilization review denied the request on 3/17/14.

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 MTUS on Long-term Opioid use, page 88-89 Page(s): 88-89.

Decision rationale: The patient is status post left arthroscopic shoulder surgery in May 2013. Patient continues with postoperative pain of the left shoulder. The patient also complains of significant right shoulder pain and is requesting surgical intervention. The treater is requesting a refill of Norco 10/325 mg #120. Utilization review denied the request stating the patient is suffering from chronic pain and a review of records do not provide evidence of significant and "quantifiable subjective and functional improvement from opioid therapy." Page 78 of MTUS requires "Pain Assessment" that 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Report 12/11/2013 indicates the patient is taking Norco and his pain is decreased from 8/10 to 4/10. Patient denies any side effects. Patient reports increased function and ability to perform activities of daily living including sleeping and lifting. Report 01/21/2014 indicates the patient's pain decreases from 7/10 to 2/10 with Norco. The patient reports increase in activities of daily living. In this case, the patient is status post left shoulder surgery from May 2013 and continues with postoperative pain. Patient also complains of right shoulder pain which keeps him up frequently at night and the pain is decreased with the intake of Norco. Patient reports a decrease in pain level to 2-4/10 from 8/10. Patient denies any side effects from taking Norco and UDS are consistent with the medication prescribed. The requested Norco is medically necessary and recommendation is for approval.