

Case Number:	CM14-0053671		
Date Assigned:	07/07/2014	Date of Injury:	03/31/2008
Decision Date:	08/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 & 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 65-year-old male with an injury date of 03/31/2008. According to the 04/16/2014 progress report, the patient complains of left shoulder pain rating it as a 5/10. The pain comes and goes and radiates to the left hand with numbness. The patient also has joint pain, muscle weakness, and numbness. He has decreased sensation in his left 4th and 5th digits and a decreased painful range of motion in his left shoulder. The 04/01/2014 report also states that the patient has tingling and numbness in his hand which gets worse with activity. His left shoulder has tenderness to palpation. The patient's diagnoses include the following: 1. Frozen shoulder. 2. Complete rupture of the rotator cuff. 3. Rotator cuff syndrome. The treater requests for one prescription of Norco 10/325 mg #30 in quantity. The utilization review determination being challenged is dated 04/18/2014. The treater has provided reports from 10/01/2013-04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88, 89, 78.

Decision rationale: Based on the 04/16/2014 report, the patient presents with left shoulder pain which radiates to his left hand. The request is for one prescription of Norco 10/325 mg #30 in quantity. The patient has been taking Norco since the first progress report provided, 10/01/2013. The 10/16/2013 report states that the patient had a urine drug test which was positive for hydrocodone and hydromorphone. This is consistent with the patient's prescribed medication of Norco. None of the reports mentioned how Norco impacted the patient. There were no pain scales provided nor were there any indication of changes in ADLs. MTUS pages 88 and 89 required functioning documentation using a numerical scale, validated instrument at least once every 6 months, and documentation of the 4As which include analgesia, ADLs, adverse side effects, and adverse behavior. Documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief are all also required. However, reviewing the reports, there is no mention of any of these requested items. Given the lack of documentation demonstrating benefit from the use of Norco, the patient should be weaned off of this medication as stated in the MTUS Guidelines therefore Norco 10/325mg #30 is not medically necessary.