

Case Number:	CM14-0006918		
Date Assigned:	03/19/2015	Date of Injury:	01/30/2012
Decision Date:	04/14/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old who sustained an industrial injury on 01/30/2012 while lifting and throwing heavy cables and felt a sharp pain in the left shoulder and injuring his left shoulder. Diagnoses include left shoulder sprain and cervical spine strain/sprain; status post left shoulder arthroscopy with debridement of torn glenoid labrum and repair of SLAP lesion on 08/21/2012, failed left shoulder SLAP repair, and status post left shoulder surgery on 01/03/2014 due to continued pain rated as a 9 out of 10. Treatment to date has included surgery, medications, diagnostic studies, and physical therapy. A physician progress note dated 10/14/2014 documents the injured worker has continued left shoulder pain rated a 9 out of 10. It is a deep shoulder pain causing popping and clicking and he feels sometimes that the shoulder is giving out on him. He takes Vicodin for the pain and he has done extensive physical therapy and not injections have been done. Treatment requested is for Norco 10/325mg (dispensed 12/06/12) Qty: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (dispensed 12/06/12) Qty: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of Opioids Page(s): 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post related injuries and continues to be treated chronic with pain. The requesting provider documents a decrease in pain from 9/10 to 4/10 with the requested medication. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.