

Case Number:	CM14-0157923		
Date Assigned:	10/01/2014	Date of Injury:	10/01/2010
Decision Date:	01/07/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine, and is licensed to practice in New York & New Jersey. 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 52 year-old male who was injured on 10/1/10. He complained of right shoulder pain, right upper extremity weakness, numbness, and tingling. On exam, he had pain with range of motion of his right shoulder and decreased strength when compared to his left shoulder. He had an MRI arthrogram of the right shoulder which showed moderate to severe supraspinatus tendon thinning distally with interstitial partial tears, interstitial tearing of infraspinatus, moderate tendinopathy of intra-articular portion of biceps tendon, moderate subscapularis tendinopathy with interstitial tearing, and degenerative superior labrum without SLAP tear. He was diagnosed with disorders of the bursa and tendons in the shoulder region, disorder of rotator cuff, and myositis. He had three right shoulder arthroscopies and one left rotator cuff repair surgery. He had a right subacromial injection without documented result. His medications included Lidoderm patch, glucosamine, soma, norco, and ibuprofen. He uses Norco for flare-ups which he experiences three times a week and an additional twice a week when he works over-time. The patient was unable to start physical therapy. The current request is for hydrocodone 7.5mg/acetaminophen 325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 mg/acetaminophen 325 mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request is not medically necessary. The patient has been taking Norco for shoulder pain. The chart does not provide any objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Norco. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued shoulder pain with improvement while using Norco. However, because there was no evidence of objective functional gains with the use of Norco, the long-term use for chronic shoulder pain is not recommended, and there is high abuse potential, the risks of Norco outweigh the benefits. Therefore, the request is considered not medically necessary.