

Case Number:	CM14-0199500		
Date Assigned:	12/09/2014	Date of Injury:	03/26/2012
Decision Date:	01/28/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 57 year old female with a reported industrial injury on March 26, 2012, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on September 04/2014 for follow-up visit with her primary treating physician. The complaints included cervical spine and right shoulder pain without any changes from previous visit is noted as better with medication and made worse with continuous movement. The physical exam revealed the cervical spine with limitations in range of motion, tenderness over the paraspinal and trapezius muscles bilaterally, left greater than right, decreased strength and sensation at 4/5 on the left at C5, C6, C7 and C8 and DTR +2 at the brachioradials and triceps tendons. The right shoulder revealed slight increase in range of motion with three well healed portal scars, there is limitation in range of motion on flexion at 100 degrees, abduction at 100 degrees, adduction and extension at 35 degrees, internal rotation was at 45 degrees and external rotation at 60 degrees and capillary refill was less than 2 seconds. The diagnostic studies were not available for review in the records provided. The medical treatment is post open reduction/repair, right shoulder dislocation and status post right shoulder arthroscopic repair and debridement, pain medications, physical therapy which is noted as increasing the range of motion and strength of the right shoulder and still has some functional deficit. Diagnoses are right shoulder rotator cuff tear and subacromial impingement, adhesive capsulitis right shoulder, acromioclavicular arthritis, moderate, status post open reduction/repair, right shoulder dislocation and status post right shoulder arthroscopic repair and debridement and anxiety. The treatment plan was to request further physical therapy treatment, urine toxicology screen. On October 14, 2014 the provider requested Norco 10/325mg tablets number 90 on October 20, 2014 the Utilization Review modified the request to certify Norco 10/325mg number 30 with a recommendation to wean off narcotic medication at this time post-surgery. The Utilization

Review based this decision on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68, 78.

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

Decision rationale: Norco 10/325 mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.