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| Case Number: | CM14-0207892 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 12/03/2012 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 Management and is licensed to practice in Tennessee. 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:

This is a 59-year-old male with a 12/3/12 date of injury. The patient's arm went numb while carrying a commercial frame. According to a progress report dated 9/24/14, the patient returned for evaluation of his left shoulder following arthroscopic rotator cuff repair, subacromial decompression, Mumford procedure, and coracoplasty on 8/29/14. The shoulder immobilizer was discontinued. He was given instructions for range of motion exercises. He was not to lift anything heavier than a cup of coffee. He was to continue with his current medication regimen and remain off work. Diagnostic impression: status post left shoulder arthroscopic rotator cuff repair, subacromial decompression, Mumford procedure, and coracoplasty on 8/29/14. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 11/11/14 denied the request for Norco. There is no discussion of functional benefit from ongoing use of addictive fast acting opioids. There is no discussion of efforts to decrease or discontinue fast acting opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity of medication requested was not noted. Therefore, the request for Norco 5/325mg was not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing.