

Case Number:	CM14-0209969		
Date Assigned:	12/23/2014	Date of Injury:	01/06/2014
Decision Date:	02/19/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 35-year-old male with a date of injury of 01/06/2014. According to progress report dated 11/19/2014, the patient presents with clicking and popping and pain in the right shoulder. The patient reports improvement in motion but still with some limitation. Physical examination of the left shoulder revealed active abduction and flexion to horizontal. The patient has difficulty reaching behind. Progress report dated 10/21/2014 notes the patient has pain and limited range of motion in the right shoulder. Treatment plan was for patient to participate in a home exercise program, and hydrocodone 7.5/325 mg was dispensed. The listed diagnoses are: 1. Tear rotator cuff, right shoulder. 2. Degenerative joint disease AC joint, right shoulder. 3. Impingement syndrome of shoulder, right. It was noted the patient has a right rotator cuff tear and is making excellent progress with therapy. The patient is nearing the conclusion of therapy and continues with range of motion deficits, and requires additional therapy. The patient is temporarily totally disabled for 6 weeks. Treatment plan is for patient to continue with Norco 7.5/325 mg 1 p.o. b.i.d. p.r.n., #60 with no refills. The patient was instructed to follow up in 6 weeks following the conclusion of additional physical therapy. The utilization review denied the request for Norco on 11/29/2014. Treatment reports from 01/27/2014 through 12/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; medication for chronic pain Page(s): 60-61; 76-78; 88-89.

Decision rationale: This patient presents with continued right shoulder pain with limited range of motion. The current request is for 1 prescription of Norco 7.5/325 mg #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication as early as 10/02/2014. In this case, recommendation for further use of Norco cannot be supported as the treating physician has provided no discussion regarding functional improvement, changes in ADL, or change in work status to show significant functional improvement. Aberrant issues are not discussed, and there are no CURES report or urine drug screens to monitor for compliance. In addition, adverse side effects to medication were not discussed as required by MTUS for opiate management. In this case, the treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested Norco is not medically necessary. Recommendation is for slow weaning per MTUS.