

Case Number:	CM14-0054840		
Date Assigned:	07/07/2014	Date of Injury:	03/19/2013
Decision Date:	04/14/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation

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 (IW) is a 50 year old Male who sustained an industrial injury on 03/19/2013. He has reported right shoulder and right elbow and right wrist pain. Diagnoses include post op shoulder scope right; and right elbow medial epicondylitis; right flexor tenosynovitis. Treatment to date includes right shoulder arthroscopy, debridement of superior labrum, subacromial decompression with acromioplasty, coracoacromial ligament release, rotator cuff repair and open biceps tenodesis performed on 06/14/2013. A progress note from the treating provider dated 11/01/2013 indicates the IW has noted some improvement in recent days. The plan is to continue with physiotherapy, and be re-evaluated in 5 weeks. Hydrocodone /APAP 10/325mg was prescribed for pain. On 04/14/2014 Utilization Review modified a request for Norco 10/325 mg #135 times 1 refill, 2 units to Norco 10/325 mg #135 x 1 fills only. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #135 times 1 refill, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2014 Pain, ODG TWC 2013 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his right shoulder and right upper extremity. The request is for NORCO 10/325MG #135 1 REFILL, 2 UNITS. Per 03/20/14 progress report, the patient is working. The patient is currently taking Norco and Diovan. The patient has been utilizing Norco since at least 09/06/13. Per 12/05/13 appeal letter indicates that "Norco has been effective in decreasing the patient's pain." The risk, alternatives and side effects were discussed with the patient. Regarding chronic opiate use, MTUS guidelines page and 89 states, "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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, adverse behavior/ side effects are discussed along with urine drug screen as part of aberrant behavior monitoring. The treater provides a general statement indicating that Norco has been effective in decreasing the patient's pain. However, there are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; No validated instruments are used to show functional improvement. Therefore, the request IS NOT medically necessary, and the patient should slowly be weaned as outlined in MTUS guidelines.