

Case Number:	CM15-0001669		
Date Assigned:	01/12/2015	Date of Injury:	01/28/2014
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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 patient is a 53 year old male with an injury date of 01/28/14. As per progress report dated 05/14/14, the patient is status post right rotator cuff repair, sub-acromial decompression, and distal clavicle resection date of the procedure is not mentioned. Currently, the patient complains of right shoulder pain with range of motion limited to 50%. In progress report dated 03/12/14, the patient complains of dull, burning pain, numbness and tingling in the right shoulder along with significant weakness and diminished range of motion. Physical examination also reveals positive Hawkin's and Neer's test. The patient has had physical therapy and wears an arm sling, as per progress report 03/12/14. Medications, as per the 05/14/14 progress report, include Ultracet and Celebrex. The patient is off work, as per progress report dated 05/14/14. Diagnoses, 01/30/14:- Contusion, shoulder region- Pain in joint shoulder- Rotator cuff syndrome- Sprain/strain. Rotator cuff capsule- Contusion, face, scalp or neck. The utilization review determination being challenged is dated 12/26/14. Treatment reports were provided from 01/28/14-05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty 60: Upheld

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

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

Decision rationale: The patient presents with right shoulder pain with range of motion limited to 50%, as per progress report dated 05/14/14. The request is for NORCO 5/325 mg QTY 60. The patient is status post right rotator cuff repair, sub-acromial decompression, and distal clavicle resection, as per the same progress report. The progress report, however, does not mention the date for the surgery but the UR letter states that the patient underwent the surgery on 03/27/14. Medications, as per the 05/14/14 progress report included Celebrex and Ultram. The patient was temporarily off work at that time of the same report. MTUS Guidelines pages 88 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. In this case, a prescription for Tramadol/acetaminophen is noted in progress report dated 01/30/14. This appears to be the first prescription for an opioid, given the patient's injury date of 01/28/14. Progress report dated 05/14/14 documents a prescription of Ultram but it does not discuss any change in pain scale or improvement in function due to prior opioid use. Although the UR denial date is 12/26/14, no other reports have been provided for review. The UR letter, however, states that as per progress report dated 11/25/14, the pain was reported to be three out of ten with the use of medications, and a seven out of ten with the use of Norco, Celebrex, and Narcoxyn. The provider stated that the use of medications afforded six hours of relief from the pain. The UR letter states that the patient rates the pain to be 4-5/10 in progress report dated 09/25/14. Neither the UR letter nor the progress reports document a measurable improvement in function. There is no discussion about UDS and CURES reports. There is no information about the side effects of the medications as well. Given the lack of clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as required by MTUS, this request IS NOT medically necessary.