

Case Number:	CM15-0003133		
Date Assigned:	01/14/2015	Date of Injury:	09/20/2007
Decision Date:	03/18/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/07/2015

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:

This is a 51 year old male with an industrial injury dated 09/20/2007. He was seen on 11/11/2014 with left shoulder pain. Tenderness was noted along the shoulder and biceps tendon with grade V strength to resisted function. Impingement sign and Hawkins test is positive on the left side. Diagnoses included impingement syndrome of the shoulder on the right status post decompression and rotator cuff repair, impingement syndrome of shoulder on the left with no surgery with one injection in February 2013. Prior treatments include pain medication, injection to the subacromial space on the left and TENS unit. On 12/25/2014 Utilization Review modified the request for Norco #120 noting opioids for chronic pain are indicated for short term pain relief and should not be utilized for greater than 16 weeks as the long term efficacy remains unclear. Opioids require a gradual weaning. The request was modified to a certification of Norco # 72. MTUS Guidelines were cited. On 01/07/2015 the injured worker submitted an application for IMR review of the requested Norco 3 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 unrated left shoulder pain with associated popping and clicking of the joint. The patient's date of injury is 09/20/07. Patient is status post undated subacromial steroid injection in February 2013, has no surgical history directed at this complaint. The request is for 120 NORCO. The RFA is dated 11/11/14. Physical examination dated 11/11/14 revealed tenderness along the shoulder and biceps tendon with grade V strength to resisted function. Impingement sign and Hawkins test were positive on the left side. The patient's current medication regimen is not provided outside the suggestion of intermittent Norco for pain. Diagnostic imaging was not included with the reports. Patient is classified as temporarily disabled. 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 regards to the requested 120 Norco, the treater has not provided adequate documentation of medication efficacy to continue use. Progress report dated 11/11/14 suggests that this is in fact a prospective refill of Norco, stating: "He did not need any medication today. He has enough Norco until next visit. He takes only once a month." The same progress note also does not provide rated pain reductions owing to this medication, does not discuss specific functional improvements or aberrant behavior, and does not provide any urine drug screen results. Given the lack of "4 A's" documentation as required by MTUS, continued use of this medication cannot be substantiated. The request IS NOT medically necessary.