

Case Number:	CM15-0102127		
Date Assigned:	06/04/2015	Date of Injury:	02/25/2009
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male sustained an industrial injury on 2/25/09. He subsequently reported right shoulder pain. Diagnoses include status post rotator cuff repair and strain and sprain of shoulder and upper arm. Treatments to date include x-ray and MRI testing, shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there was decreased range of motion in the right shoulder, tenderness was noted in the acromioclavicular joint. A request for One (1) consultation for a medial branch block of the cervical spine and Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120, 1 tab by mouth every 6 hrs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2009 and continues to be treated for right shoulder pain. When seen, medications are referenced as decreasing pain from 8/10 to 4/10 and allowing for improved function and activities of daily living capabilities. There was shoulder tenderness with decreased range of motion and negative impingement testing. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.