

Case Number:	CM15-0104069		
Date Assigned:	06/08/2015	Date of Injury:	12/13/2014
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland

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

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 59 year old male sustained an industrial injury to the left shoulder and low back on 12/13/14. Previous treatment included magnetic resonance imaging, physical therapy, Depo- Medrol injection (4/7/15), home exercise and medications. Magnetic resonance imaging arthrogram left shoulder (4/6/15) showed fraying around the superior labrum at the biceps insertion with a moderate rotator cuff tendinitis with no full thickness tear. In a PR-2 dated 4/28/15 the injured worker reported no relief following recent subacromial space injection. The injured worker complained of ongoing weakness and pain. Physical exam was remarkable for positive apprehension, relocation and tenderness along the bicipital groove with diminished rotator cuff strength mostly because of discomfort. Current diagnoses included rotator cuff strain. The treatment plan included proceeding with left shoulder arthroscopy with likely biceps tenodesis, associated surgical services and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 75, 1-2 every 4 hrs as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-78.

Decision rationale: Norco 5/325 mg Qty 75, 1-2 every 4 hrs as needed is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The documentation indicates that the Norco was intended for post operative pain management after shoulder surgery. The documentation is not clear that this surgery was approved. Additionally, although the documentation indicates that the patient was taking Tramadol-Acetaminophen it is not clear that there was a discussion prior to prescribing Norco of goals of this medication and recommendations for further weaning post operatively. The request for Norco is not medically necessary.