

Case Number:	CM15-0107941		
Date Assigned:	06/12/2015	Date of Injury:	04/03/2014
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old female sustained an industrial injury to the left shoulder on 4/3/14. The injured worker underwent left shoulder rotator cuff repair on 1/27/15. In a PR-2 operative report dated 4/30/15, the injured worker reported continuing to have some pain and tightness to the left shoulder. The injured worker was currently taking Prilosec and Anaprox. The injured worker was requesting stronger pain medicine to cope with physical therapy. The injured worker had not returned to work yet. Physical exam was remarkable for left shoulder with decreased range of motion, positive Hawkin's and Neer's tests and breakaway strength in abduction and Jobe test. The treatment plan included requesting eight more visits of physical therapy, returning to work on modified duty, continuing Naprosyn and Prilosec and a new prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg Qty 120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet post-operatively and then Naproxen. Pain scores were not routinely documented and no one opioid is superior to another. The request for Norco is not justified is therefore not medically necessary.