

Case Number:	CM15-0010488		
Date Assigned:	01/28/2015	Date of Injury:	05/06/2011
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/19/2015

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: Internal 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:

The injured worker is a 51 year old male patient, who sustained an industrial injury on 05/06/2011. An orthopedic follow up visit dated 12/05/2014 reported present subjective complaint of daily and constant back pains that worsen while standing and walking. He also complains of intermittent episodes of posterior thigh pain rated a 7 or 8 out of 10 in intensity. The medication noted helps with pain and brings the intensity rating down to a 7 from a 10. In addition, he also complains of right progressive shoulder pain; significantly worse over the past two month. He is noted having difficulty with activities of daily living secondary to weakness and decreased range of motion. He currently is taking Ibuprophen 800 MG and Ambroxol once weekly. His prior history included undergoing bilateral shoulder surgery in 2004-05. Physical examination found a Jamar Dynamometer test performed three times with varying results as followed; all 3 tests showed inability to lift right hand and the left results showed 14 kg, 10kg and 10kg. Shoulder revealed operative scars bilaterally with tenderness over the right AC joint and anterior aspects of the shoulder. The shoulders range of motion testing found flexion right at 70 degrees, left at 150 degrees; extension right at 30 degrees and left at 30 degrees; abduction right at 70 degrees and left at 160 degrees; adduction right at 5 degrees and left at 10 degrees; and internal rotation bilaterally at 70 degrees and external showed right at 40 degrees and left at 45 degrees. She was found with positive impingement signs bilaterally and positive Neer's bilaterally. The following diagnoses are applied; right shoulder impingement syndrome versus rotator cuff tear; mild left shoulder impingement syndrome; status post bilateral shoulder surgery and chronic lumbago. A diagnostic right shoulder subacromial injection was administered. The

request was made for Norco 10/325 MG. On 01/08/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain, Opioids was cited. The injured worker submitted an application for independent review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1 tablet by mouth twice a day for 2 weeks (#28): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The orthopedic spine surgery report dated 12/5/14 documented a history of bilateral shoulder surgery, lumbago, lumbar strain, and lumbar radiculopathy. Medical records document objective physical examination findings. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco 10/325 mg #28 is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg #28 is medically necessary.