Case Number:	CM15-0137626		
Date Assigned:	07/27/2015	Date of Injury:	11/15/2013
Decision Date:	09/23/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/16/2015

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: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 11/15/13. The injured worker was diagnosed as having right shoulder impingement disorder status post right shoulder arthroscopic subacromial decompression. Comorbid conditions include obesity, mild depression and gastroesophageal reflux disease. The work status was noted as temporarily partially disabled. Diagnostic studies included ultrasound and a magnetic resonance imaging (8/2014) which revealed moderate osteoarthritis of the acromioclavicular joint and superior labral tear. Previous treatments included injection therapy, physical therapy, medication, surgery (status post right shoulder arthroscopic subacromial decompression [4/27/15] and transcutaneous electrical nerve stimulation unit. The 6/18/15 progress note reported the injured worker complained of continued right shoulder pain. The pain level was described as minimal discomfort. Post-op physical therapy had not yet begun. Physical examination documented "wounds look satisfactory today". The plan of care was for 1 prescription of Norco 7.5/325 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 7.5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medication for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. However, this patient has been prescribed Norco to treat her post-surgical pain, not for chronic pain control. Additionally, the patient is scheduled to start post-surgical physical therapy which will probably increase her pain, at least initially. At this point in the care of this patient it is appropriate to use opioid therapy for acute post-operative pain. The request is medically necessary and has been established.