

Case Number:	CM15-0139138		
Date Assigned:	07/29/2015	Date of Injury:	04/14/2014
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 4-14-2014. He reported injury to the left arm, shoulder and elbow from routine activities. Diagnoses include shoulder pain, elbow pain, and cervical pain, status post left shoulder arthroscopy. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone injections. Currently, he complained of neck pain and pain in the left upper extremity. On 5-4-15, the physical examination documented decreased range of motion and tenderness in the left shoulder and elbow with positive impingement signs. The plan of care included Norco 10-325mg, one three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for neck and left upper extremity pain. He underwent left shoulder arthroscopic surgery in December 2014. In April 2015, Percocet was discontinued and Norco was prescribed. The total MED (morphine equivalent dose) was decreased from 45 mg per day to 30 mg per day. Medications are referenced as decreasing pain from 7/10 to 4/10. When seen, Norco was working well without side effects. Physical examination findings included eight BMI of over 48. There was decreased shoulder range of motion with positive impingement testing and tenderness. There was left medial epicondyle tenderness. 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 Norco is providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.