

Case Number:	CM15-0142664		
Date Assigned:	08/03/2015	Date of Injury:	12/09/2013
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on December 9, 2013. The injured worker was diagnosed as having right shoulder pain, status-post right shoulder arthroscopy with residual pain and chronic pain syndrome. Treatment to date has included surgery, therapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 15, 2015 provides the injured worker complains of right shoulder pain. He rates the pain 9 out of 10 without medication and 6 out of 10 with medication. Physical exam notes tenderness to palpation of the shoulder with decreased range of motion (ROM). Magnetic resonance imaging (MRI) studies were reviewed revealing bilateral shoulder partial supraspinatus tear. The plan includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

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

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 Norco for over 6 months. There was no mention of Tylenol, NSAID, or weaning failure. The continued and chronic use of Norco is not medically necessary.