

Case Number:	CM15-0149976		
Date Assigned:	08/13/2015	Date of Injury:	09/08/2012
Decision Date:	09/10/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female who sustained an industrial injury on 09-08-2012. Mechanism of injury was cumulative. Diagnoses include is frozen right shoulder. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and massages. On 05-20-2015 a Magnetic Resonance Imaging of the right shoulder revealed severe osteoarthritis right glenohumeral joint with continued worsening. There is a large glenohumeral joint effusion with multiple calcified loose bodies. Underlying osteonecrosis is suspected. Rotator cuff tendinosis with partial tear articular surface infraspinatus and subscapularis tendon redemonstrated. There is severe atrophy of the supraspinatus and subscapularis muscles. There is mild atrophy of the infraspinatus muscle. Biceps tendinosis with calcified loose body in the biceps tendon sheath is seen. She has a history of status post left shoulder arthroscopy surgery in 2005. She is not working. Current medications were not listed, except for the Norco. A physician progress note dated 07-02-2015 documents the injured worker complains of continued right shoulder pain and she has popping especially at night. She rates her pain as 10 out of 10 without medications, and it goes down to 6 out of 10 with medications. With her medications she is able to get some relief from her pain and it helps her sleep. Objective findings-extra spinal restrictions-subluxations: right shoulder. There is pain and tenderness to the upper mid cervical. There are moderate muscle spasms in the right posterior trapezius, right mid thoracic, right posterior shoulder, left anterior trapezius, left chest and left anterior shoulder. Range of motion is restricted. Her right shoulder is very tender. Norco improves her symptoms and allows her to do light housework.

The treatment plan includes an orthopedic consultation. Treatment requested is for Norco 10/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.