

Case Number:	CM15-0162717		
Date Assigned:	08/31/2015	Date of Injury:	04/16/2012
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency 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 37 year old male, who sustained an industrial injury on 4-16-2012. The mechanism of injury is not described. The current diagnosis is status post right shoulder arthroscopy. According to the progress report dated 5-18-2015, the injured worker complains of shoulder, elbow, and neck pain. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness along the acromioclavicular joint. There is limited and painful range of motion noted. The current medications are Norco and Flexeril. Urine drug screen from 7-20-2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Norco since at least 4-9-2015. Treatment to date has included medication management, home exercises, and surgical intervention. Per documentation, the injured worker was able to return to work without restrictions on 4-9-2015. A request for Norco has been submitted.

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 Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The requested Norco 10/325mg #90, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has shoulder, elbow, and neck pain. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness along the acromioclavicular joint. There is limited and painful range of motion noted. The current medications are Norco and Flexeril. Urine drug screen from 7-20-2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Norco since at least 4-9-2015. Treatment to date has included medication management, home exercises, and surgical intervention. Per documentation, the injured worker was able to return to work without restrictions on 4-9-2015. The treating physician has documented functional improvement with this low opiate load narcotic. The criteria noted above having been met, Norco 10/325mg #90 is medically necessary.