

Case Number:	CM15-0164062		
Date Assigned:	09/01/2015	Date of Injury:	08/07/2003
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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, Texas

Certification(s)/Specialty: Internal 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 61-year-old female, who sustained an industrial injury on 8-7-03. Initial complaint was of left shoulder pain. The injured worker was diagnosed as having left shoulder coracoclavicular joint insufficiency; left shoulder rotator cuff tendon tearing. Treatment to date has included status post left shoulder arthroscopy with subacromial decompression (3-17-05); status post left shoulder arthroscopy rotator cuff repair (11-14-06); physical therapy; medications. Currently, the PR-2 notes dated 5-13-15 indicated the injured worker complains of ongoing left shoulder pain. She is a status post left shoulder arthroscopy with subacromial decompression (3-17-05); status post left shoulder arthroscopy rotator cuff repair (11-14-06). She is currently taking 3 Norco daily; working full time and essentially has the same issues over the last several years. Her shoulder incisions are well healed with marked crepitus in the subacromial space. The sternoclavicular joint is non-tender to palpation and is stable. However, the provider notes she is tender to palpation over the acromioclavicular joint. She has both vertical and horizontal instability. Her rotator cuff strength is 5 out of 5 in external rotations, abduction, and internal rotation testing. She has negative impingement signs 1, 2, and 3, and negative Speed and Yergason's tests. The provider is requesting authorization of Norco 10-325 MG #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.