

Case Number:	CM15-0164606		
Date Assigned:	09/01/2015	Date of Injury:	05/26/2005
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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 56 year old male who sustained an industrial injury on 05-26-2005. The injured worker was diagnosed with right rotator cuff tear, right adhesive capsulitis versus right intraarticular joint pain versus right acromioclavicular joint pain. The injured worker is status post right shoulder surgery in October 2005 and right shoulder biceps tendinosis and distal clavicle excision in November 2008. Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) in December 2014, surgery, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 10, 2015, the injured worker reported increasing difficulties with pain, activities of daily living and motion over the past 6 months. Examination demonstrated right shoulder range of motion decreased with forward flexion limited to 60 degrees and abduction to 10 degrees. The right acromioclavicular joint and bicipital tendons were painful to palpation. Current medication was listed as Tramadol. Treatment plan consists of maintain medication regimen, continuing with home exercise program and the current request for Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, and 124.

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 Tramadol for several months as well as Norco. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not consistently noted. The continued use of Norco is not medically necessary.