

Case Number:	CM15-0165744		
Date Assigned:	09/03/2015	Date of Injury:	05/16/2014
Decision Date:	10/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 16, 2014. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, it was acknowledged that the applicant had been terminated by his former employer. The applicant was deemed disabled owing to severe chronic shoulder pain complaints. The applicant was apparently using Norco four times daily for chronic shoulder pain complaints. The attending provider contended that the applicant's usage of the same was beneficial. The applicant was apparently asked to pursue shoulder surgery. On August 7, 2015, the applicant received a shoulder arthroscopy, acromioplasty, bursectomy, and rotator cuff exploration procedure. On July 21, 2015, the applicant reported 5/10 pain without medications versus 2/10 pain with medications. The applicant was using Norco at a rate of twice daily, it was stated at this point in time. The applicant was pending a shoulder surgery, it was reported. The attending provider contended that the applicant's ability to perform laundry and self-care had been ameliorated as a result of ongoing medication consumption. Norco was renewed. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Overturned

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, specific drug list.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate to moderately severe pain. Here, the request in question was endorsed in close temporal proximity to a shoulder surgery procedure of August 17, 2015. The applicant, thus, could reasonably or plausibly be expected to report pain complaints in the moderate-to-severe range on or around the date in question. Provision of Norco was, thus, indicated to combat the same. Therefore, the request was medically necessary. [While this was, strictly speaking, a postoperative request as opposed to a chronic pain case, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked]. The request is medically necessary.