

Case Number:	CM15-0189789		
Date Assigned:	10/02/2015	Date of Injury:	12/09/2011
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 12-9-11. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported left shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder impingement syndrome and left shoulder acromioclavicular joint arthrosis. Provider documentation dated 7-14-15 noted the work status as may return to work with limitations "7-14 - 7-21". Treatment has included physical therapy, home exercise program; status post left shoulder arthroscopic subacromial decompression partial acromioplasty (7-22-15). Objective findings dated 7-14-15 were illegible. The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (9-17-15) denied a request for Norco 5-325 milligrams quantity of 40 (script date 9-10-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #40 (script date 9/10/15): 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, criteria for use, Opioids, pain treatment agreement.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain post recent shoulder arthroscopy with SAD, partial acromioplasty and clavicle resection on 7/22/15, unable to function due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Norco 5/325mg #40 (script date 9/10/15) is medically necessary and appropriate.