

Case Number:	CM15-0191464		
Date Assigned:	10/05/2015	Date of Injury:	05/24/2014
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old male who sustained an industrial injury on 5-24-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cerebral concussion, cervical spine sprain, history of shoulder dislocation, bilateral hand sprain and lumbar spine sprain with sciatica. According to the progress report dated 8-27-2015, the injured worker reported that headaches were resolving; there was no change in short term memory loss. Cervical spine pain was improving, rated 2 to 3 out of 10. He rated his left shoulder pain 3 to 4 out of 10, increasing to 5 to 6 out of 10 with movement. He rated his lumbar spine pain 3 to 4 out of 10. He was taking Norco as needed. Per the treating physician (8-27-2015), the injured worker was currently working. The physical exam (8-27-2015) revealed guarding and tenderness left shoulder. Treatment has included chiropractic treatment, physical therapy, left shoulder surgery and medications (Norco since at least 6-11-2015). The original Utilization Review (UR) (9-8-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids.

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

Decision rationale: The claimant sustained a work injury in May 2014 when he slipped and fell from a roof falling approximately 20 feet to the ground. He has left shoulder surgery in January 2015 where an arthroscopic subacromial decompression was performed. When seen, he had headaches that were resolving. He was having ongoing short-term memory loss. His neck pain was improving and he was having stiffness. He had shoulder pain rated at 3-4/10 increased with repetitive movements to 5-6/10. He was having intermittent low back pain up to 7-8/10. He had bilateral hand pain with numbness. He was taking Norco 5/325 mg as needed which was only taking away low back pain and has previously taken Norco 10/325 mg. Physical examination findings included guarding of the left shoulder. He was able to move and transition positions without difficulty and was not using an assistive device. He had left shoulder tenderness with positive impingement testing. Cervical compression and Spurling's testing was positive. Norco 7.5/325 mg was prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having pain ranging up to moderate to severe with detailed documentation of activity-related VAS pain scores. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. There is evidence of dose titration based on the strength being prescribed. No refills were provided. The request is considered medically necessary.