

Case Number:	CM15-0193488		
Date Assigned:	10/07/2015	Date of Injury:	02/16/2014
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 69 year old female, who sustained an industrial injury on February 16, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having full thickness right rotator cuff tear. Treatment to date has included diagnostic studies, surgery, medication, chiropractic treatment and physical therapy. On December 2, 2014, MRI of the right shoulder showed full thickness rotator cuff tear of the supraspinatus with high grade partial tear of the subscapularis and longitudinal split of the biceps with labral tearing. On August 24, 2015, the injured worker presented for reevaluation of the right shoulder. Physical examination of the right shoulder revealed positive impingement sign, positive Hawkins sign, positive external rotation test and positive supraspinatus weakness test. The treatment plan included open versus arthroscopic right rotator cuff repair on 10-15-2015 pending medical clearance, a refill of her pain medicines and a follow-up visit. She was given a prescription of Norco instead of Tramadol. On September 3, 2015, utilization review denied a request for Narc-Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc-Norco 10/325 mg #90: Overturned

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/24/15. However if this prescription is for the proposed rotator cuff repair on 10/15/15 the short term use postoperatively. Therefore the determination is not medically necessary.