

Case Number:	CM15-0194394		
Date Assigned:	10/08/2015	Date of Injury:	12/17/2006
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 12-17-06. The injured worker was diagnosed as having right shoulder strain and pain, history of right shoulder arthroscopic surgery and right shoulder impingement syndrome. Medical records (12-17-14 through 7-28-15) indicated 4-9 out of 10 pain in the right shoulder. The physical exam (2-11-15 through 7-28-18) revealed right shoulder abduction was 90 degrees. As of the PR2 dated 8-28-15, the injured worker reports chronic right shoulder pain. She rates her pain 7 out of 10. She indicated that medications keep her functional. Objective findings include "decreased" right shoulder range of motion. Current medications include Opana ER, Robaxin, Cymbalta and Norco (since at least 10-22-14). The urine drug screen on 4-15-15 was inconsistent for prescribed medications. Treatment to date has included right shoulder arthroscopy in 3-2012, Naproxen and Tramadol. The treating physician requested Norco 10-325mg #120. The Utilization Review dated 9-3-15, non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids/medication.

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2006 occurring while she was carrying a heavy tray of food and was setting up an overhead umbrella. She continues to be treated for chronic pain including right shoulder pain. She underwent arthroscopic surgery in February 2012. Revision surgery had been recommended but was not authorized. In June 2015 medications included Norco and Opana ER. Her Norco dose was being reduced. The total MED (morphine equivalent dose) was decreased from 120 mg to 110 mg per day. On 07/28/15 she was having shoulder pain ranging from 4-9/10. She was feeling stress. Medications were refilled and the total MED was decreased to 100 mg per day. In August 2015 pain was rated at 7/10. She was having radiating symptoms into the right upper extremity with numbness and tingling and was having headaches. She was having difficulty sleeping. Medications are referenced as helping and keeping her functional. Physical examination findings included not appearing in any acute distress. There was decreased cervical and right shoulder range of motion. There was normal strength. Medications were refilled. The total MED was unchanged at 100 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Weaning was being done previously but was not continued. Continued prescribing of Norco without ongoing weaning was not medically necessary.