

Case Number:	CM15-0195836		
Date Assigned:	10/09/2015	Date of Injury:	05/27/2014
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 33 year old male, who sustained an industrial injury on 5-27-2014. The injured worker is undergoing treatment for: adhesive capsulitis of right shoulder, left shoulder impingement syndrome. On 7-14-15, he reported right shoulder pain which was not rated. On 9-8-15, he reported right shoulder pain of 8 out of 10 and worsening left shoulder pain. The provider noted reviewing an AME report and indicated the report recommended magnetic resonance imaging of the left shoulder. He indicated he was having difficulty performing activities of daily living. Objective findings revealed no shoulder instability, left shoulder with tenderness, decreased bilateral shoulder range of motion, positive impingement sign. The medical records do not indicate a current discussion of the efficacy of Norco, or adverse side effects or aberrant behaviors. The treatment and diagnostic testing to date has included: medications, physical therapy, right shoulder surgery (7-25-15). Medications have included: Norco and Motrin. The records indicate he has been utilizing Norco since at least March 2015, possibly longer. Current work status: temporary disabled. The request for authorization is for: Norco 10-325mg one tablet by mouth every 8 hours as needed for pain. The UR dated 9-23-2015: modified certification of Norco 10-325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 one tablet by mouth every 8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg one tablet by mouth every 8 hours as needed for pain is not medically necessary.