

Case Number:	CM15-0027639		
Date Assigned:	02/20/2015	Date of Injury:	07/01/2012
Decision Date:	04/06/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 57 year old male sustained an industrial injury on 7/1/12, via repetitive trauma to the left shoulder. No recent magnetic resonance imaging was found in the documentation submitted for review. Treatment included home exercise, psychological care and medications. In the most recent progress note dated 9/23/14, the injured worker complained of ongoing left shoulder pain with decreased range of motion and strength. The injured worker had previously opted for conservative care despite a prior recommendation for surgical intervention. The injured worker reported that since his prescription for Norco refills had been denied, he was reconsidering undergoing surgical repair because of pain. Physical exam was remarkable for positive impingement and Hawkin's sign in the left shoulder with range of motion in flexion and abduction less than 100 degrees and deltoid strength 4/5. The treatment plan included refilling Lexapro with five additional refills and Norco 2.5 with five refills. The physician noted that the injured worker was able to perform activities of daily living and a mild home exercise program with daily use of Norco. On 1/30/15, Utilization Review modified a request for Norco 5/325mg #49 with 5 refills of #60 each to one prescription Norco 5/325mg #34 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #49 with 5 refills of #60 each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left shoulder pain with positive impingement and Hawkins's sign. The current request is for NORCO 5/325MG #49 WITH 5 REFILLS OF #60 EACH. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Norco since at least 3/12/14. Progress report dated 9/23/14 states that the patient has good function with the medical therapy as previously provided. The treating physician states that five refills are needed so as to ensure a steady supply of the medication. Progress report dated 6/3/14 states that medications are providing pain relief and improving functional status. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioids. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.