

Case Number:	CM15-0213049		
Date Assigned:	11/02/2015	Date of Injury:	02/21/2014
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/29/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 2-21-14. The injured worker is diagnosed with right shoulder sprain-strain rule out rotator cuff tear, neck pain and myofascial pain. His work status is modified duty. Notes dated 8-27-15, 9-16-15 and 10-14-15 reveals the injured worker presented with complaints of neck pain that radiates to his right shoulder blade and extends to his scalp associated with headaches. He reports right shoulder pain, limited motion and popping and clicking. He reports overhead activities and reaching behind is difficult. There is numbness in the middle and ring fingers of the right hand. He experiences increased pain at night, which is waking him. He reports low back pain accompanied with stiffness and decreased motion. His right knee is painful and stiff with clicking and popping noted. He reports difficulty with prolonged walking and climbing stairs. Lastly, he reports right elbow pain. His pain is rated at 8-9 out of 10. Physical examination dated 8-27-15, 9-2-15, 9-16-15 and 10-14-15 revealed the right shoulder is tender to palpation with range of motion at 30 degrees. Pain was elicited on the Neer and Hawkin's tests as well as biceps maneuvers. He has marked pain with supraspinatus isolation, the Spring Back arm test is positive and there is crepitus with passive range of motion. The right knee reveals decreased flexion at 90 degrees and trace fluid. There is tenderness at the medial joint line and the McMurray maneuver caused pain. He has an altered gait. Treatment to date has included acupuncture, which did not provide benefit per note dated 9-16-15; medications-Tramadol, Norco 5-325 mg (8-2015) helps, but needed something stronger; therefore, Norco 10-325 (9-2015) mg was ordered; home exercise program, TENS unit, ice therapy and chiropractic care.

A request for authorization dated 9-16-15 for Norco 10-325 mg #50 is denied, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Upheld

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

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

Decision rationale: The claimant is a 56 year old with date on injury of 2/21/2014 who complains of chronic right shoulder pain. The request is for continuing Norco 10/325 mg. CA MTUS Guidelines state that opioids should be used at the lowest dose for the shortest period of time. Pain relief and functional improvement should be documented to support continuing use of opioids. In this case, there has been no attempt at weaning the patient from the medication. There is no functional improvement documented as a result of the Norco. The 4 A's are not adequately documented. There is no compliance monitoring as required by guidelines. In addition, the patient is also being prescribed the synthetic opioid Tramadol, and no rationale is given for the use of 2 opioid medications. Therefore the request is not medically necessary or appropriate.