

Case Number:	CM15-0214220		
Date Assigned:	11/04/2015	Date of Injury:	08/24/2012
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 08-24-2012. He has reported injury to the right shoulder and right upper extremity. The diagnoses have included history of extensive right shoulder trauma; post failed arthroscopic surgery and rotator cuff repair, on 03-18-2013; severe internal derangement of right shoulder. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, injection, home exercise program, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, and Flexeril. A progress report from the treating physician, dated 09-30-2015, documented an evaluation with the injured worker. The injured worker reported upper extremity pain; pain is in the shoulder; the pain occurs constantly and is aggravated by activity, flexion-extension, hand function, pulling, and pushing; the pain is described as aching, sharp, stabbing, throbbing, and severe; the pain is accompanied by numbness and tingling; the pain is rated at 2-5 out of 10 in intensity on average with medications; the pain is rated at 6-8 out of 10 in intensity on average without medications; the pain is reported as worsened since his last visit; ongoing activities of daily living limitations due to pain; the pain is improved with relaxing, resting, and taking medications; the use of the TENS unit and opioid pain medication is helpful; he reports 30% improvement due to this therapy; and functional improvements as a result of the medication and TENS use include: ability to attend church, bathing, brushing teeth, cleaning, combing-washing hair, dressing, and sitting. Objective findings included he is alert and oriented; he was observed to be in slight to moderate distress; there is tenderness noted upon palpation at the right trapezius muscle; tenderness is noted on palpation at the right shoulder;

range of motion of the right shoulder was decreased due to pain; sensory exam is within normal limits in the bilateral upper and lower extremities; and grip strength testing was not possible on the right. The treatment plan has included the request for 1 prescription of Norco 10-325mg #90. The original utilization review, dated 10-20-2015, modified the request for 1 prescription of Norco 10-325mg #90, to 1 prescription of Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for 1 Prescription of Norco 10/325mg #90. The treating physician report dated 9/2/15 (35B) states, "The pain relief from each medication does last for 4-6 hours. The patient reports 30% improvement due to this therapy". (The patient) wishes to continue this therapy based on his decreased pain, his increased level of function and his improved quality of life, MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 9/2/15 notes that the patient's pain has decreased from 8-9/10 to 6-7/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to attend church, maintain self-hygiene, care for pet, dress and sit. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.