

Case Number:	CM15-0216023		
Date Assigned:	11/05/2015	Date of Injury:	10/31/2005
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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(n) 40 year old male, who sustained an industrial injury on 10-31-05. The injured worker was diagnosed as having right shoulder pain, chronic pain syndrome and history of multiple surgeries of the right shoulder. Subjective findings (6-12-15, 8-7-15 and 9-4-15) indicated right shoulder pain. The injured worker rated his pain 2-4 out of 10 with medications and 7-8 out of 10 without medications. He is not currently working. Objective findings (6-12-15, 7-10-15, 8-7-15 and 9-4-15) revealed right shoulder flexion was 70-80% of normal, abduction was 60-80% of normal and there was a positive Hawkin's sign. Current medications include Cymbalta, Opana and Norco (since at least 4-21-15). The urine drug screens on 4-21-15 and 7-10-15 were positive for opiates. Treatment to date has included psychotherapy, multiple right shoulder surgeries and post-operative infections. The Utilization Review dated 10-19-15, 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is lack of documentation for the above criteria. It is unclear how much Norco the patient has been using. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. In addition, the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.