

Case Number:	CM15-0223328		
Date Assigned:	11/19/2015	Date of Injury:	02/14/2013
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 2-14-13. The injured worker was being treated for shoulder region disease, sprain lumbar region, lumbosacral neuritis, lumbar disc displacement and status post right shoulder arthroscopy. On 9-23-15 and 10-21-15, the injured worker complains of unchanged low back pain rated 8 out of 10 with medications and 9-10 out of 10 without medications with radiation to legs with numbness, weakness and tingling and right shoulder-elbow pain rated 7 out of 10 in elbow and 9-10 in shoulder. He notes no improvement to shoulder following surgery and numbness to hand following surgery. Documentation does not include duration of pain relief or improvement in function due to medications. He is not currently working. Physical exam performed on 10-21-15 revealed tenderness to palpation of right shoulder and elbow with decreased range of motion. On 9-23-15, it is noted, "Norco is not helping." Urine drug screen performed on 10-21-15 was inconsistent for medications prescribed. Treatment to date has included right shoulder arthroscopy, Norco 10-325mg, Tramadol 150mg, Percocet; and activity modifications. On 10-21-15 request for authorization was submitted for Norco 10-325mg #90, 8 post-op physical therapy visits and follow up visit. On 11-3-15 request for Norco 10-325mg #90 was modified to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in February 2013 when he slipped and fell while descending an airplane stairway. On 09/11/15 he underwent an arthroscopic right shoulder subacromial decompression and debridement. On 09/15/15, Tramadol 150 mg #30 was prescribed. When seen on 09/23/15 he had pain with medications rated at 7-8/10. He was having radiating shoulder and radiating low back pain. Physical examination findings included decreased range of motion. Percocet #60 was prescribed. He was referred for physical therapy. As of 10/30/15 he had completed 12 therapy treatments. He had improved range of motion and strength but his pain had decreased by only 5-10%. When seen by the requesting provider medications were decreasing pain from 9/10 to 8/10. There had been no improvement in his shoulder since surgery. There was decreased range of motion. There was decreased right shoulder strength. Seated root testing was positive. Norco 10/325 mg #90 was prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although the total MED was less than 120 mg per day, there is no documentation that opioid medications at this MED including Norco which had been prescribed previously had provided clinically significant decrease in pain or had resulted in an increased level of function or improved quality of life. Prescribing Norco at this dose cannot be accepted as being medically necessary.