

Case Number:	CM15-0031897		
Date Assigned:	02/25/2015	Date of Injury:	07/02/2012
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 63-year-old male who sustained a work related injury on July 2, 2012, after moving heavy drums that weighed 600 pounds. He complained of right shoulder pain and stiffness and limited range of motion. Magnetic Resonance Imaging (MRI) revealed a partial thickness tearing and electromyogram showed left carpal tunnel. He was diagnosed with right rotator cuff tear with adhesive capsulitis. Treatment included rest, medication, exercise, physical therapy and steroid injections. The injured worker underwent a right shoulder arthroscopic and rotator cuff repair and arthroscopic supra-pectoral biceps tenodesis. Currently, the injured worker complained of persistent right shoulder pain and stiffness. On February 3, 2015, a request for one prescription of Norco 10/325 mg, one tablet twice daily, #60 prescribed on January 9, 2015 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, and the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 1/9/15 Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: According to the 01/09/2014 report, this patient presents with right shoulder pain. The current request is for Retrospective DOS: 1/9/15 Norco 10/325mg #60. This medication was first mentioned in the 06/27/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/09/2015. The patient's work status was not mentioned in the provided reports. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "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. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.