

Case Number:	CM15-0033533		
Date Assigned:	02/27/2015	Date of Injury:	09/30/1998
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 75 year old female, who sustained an industrial injury on 9/30/1998. Details regarding the initial injury and prior treatments were not submitted for this review. The diagnoses have included rotator cuff tear, right shoulder, right shoulder biceps tear, and degenerative joint disease, status post right shoulder arthroscopy with debridement and rotator cuff repair 12/8/14. Currently, the IW complains of right shoulder pain. Physical examination from PR-2 dated 12/29/14 documented decreased abduction and flexion, good stability with some apprehension noted on external rotation. The plan of care included continuation of physical therapy post operatively and medication therapy as previously prescribed. On 2/13/2015 Utilization Review non-certified Norco tablets, one tablet three times daily, #90, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Norco tablets, one tablet three times daily, and #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain; increased level response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician has indicated that the patient's use of Norco has allowed her to go back to work and have an increased quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief or increased level of function. However, the patient has been on Norco since 2012 which is in excess of guidelines. As such, the request for Norco 10/325mg 3 times a day #90 is not medically necessary.