

Case Number:	CM15-0039447		
Date Assigned:	03/09/2015	Date of Injury:	11/22/2012
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: California
 Certification(s)/Specialty: Emergency 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 was a 52-year-old female, who sustained an industrial injury, November 22, 2012. The injury was sustained when some boxes fell off a conveyor belt and hit the injured worker. According to progress note of February 10, 2015, the injured workers chief complaint was right shoulder pain. The injured worker rated the [pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by right arm activities and lying on the right shoulder, prolonged driving and with performance of some activities of daily living. The injured worker was taking up to 4 pills per day for right shoulder pain. The physical exam noted tenderness over the anterior capsule and acromioclavicular joint regions about the right shoulder. There was tenderness over the right posterior scapular and over the right trapezius musculature where muscle spasms and trigger points were noted. The range of motion of the right shoulder was flexion of 115 degrees, extension 30 degrees, abduction 100 degrees, internal rotation 70 degrees and external rotation of 85 degrees with increased pain. The injured worker was diagnosed with right rotator cuff tear, distal clavicle osteolysis, status post right shoulder for depression and rotator cuff repair. The injured worker previously received the following treatments arthroscopic right shoulder surgery, Norco, physical therapy, home exercise program. The treatment plan included Norco 10/325mg #80 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, eighty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg, eighty counts, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain. The treating physician has documented tenderness over the anterior capsule and acromio-clavicular joint regions about the right shoulder. There was tenderness over the right posterior scapular and over the right trapezius musculature where muscle spasms and trigger points were noted. The range of motion of the right shoulder was flexion of 115 degrees, extension 30 degrees, abduction 100 degrees, internal rotation 70 degrees and external rotation of 85 degrees with increased pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg, eighty count is not medically necessary.