

Case Number:	CM15-0039770		
Date Assigned:	03/10/2015	Date of Injury:	12/12/2012
Decision Date:	05/08/2015	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: 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 53 year old male, who sustained an industrial injury on 12/12/12. The injured worker has complaints of left shoulder pain with radiation to the left side of the neck and the left elbow along with popping and cracking and grinding on movement. He has complaints of pain, numbness and tingling in bilateral hand and difficulty with sleep. The diagnoses have included left shoulder pain; history of rotator cuff repair and past history of distal resection. Treatment to date has included left shoulder cortisone injection; shoulder surgery in February 2013 and norco as needed for pain. The request was for norco. The PR2 dated 2/4/15 noted that the injured workers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noroco 10/325mg take 1 tablet every 4-6 hours #120, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 91.

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

Decision rationale: Based on the 2/4/15 progress report provided by the treating physician, this patient presents with ongoing left shoulder pain with radiation to the left side of the neck and left elbow along with popping/cracking/grinding on movement, as well as continued pain/numbness/tingling in bilateral hands. The treater has asked for NORCO 10/325MG TAKE 1 TABLET EVERY 4-6 HOURS #120 NO REFILLS on 2/4/15. The patient's diagnoses per request for authorization form dated 2/4/15, are bilateral carpal tunnel syndrome, no recurrent tear of the supraspinatus tendon, and s/p left shoulder arthroscopy with generous mumford procedure. The patient is s/p left shoulder cortisone injection with unspecified effect per 2/4/15 report. The patient has had a prior unspecified shoulder surgery from February 2013. Prior physical therapy was not helpful, and after a cortisone injection to left shoulder, the patient still had continued pain per 12/18/14 AME report. The patient is to return to modified work with restrictions of no pushing/pulling/overhead work and no lifting more than 30 pounds per 2/4/15 report. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. The patient was not taking any medications as of 7/22/14 report. Norco has been included in patient's medications per treater reports dated 7/31/14, 11/24/14 and 2/4/15. The patient has not been taking his Norco as his most recent supply was lost per 2/4/15 report. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living per review of reports dated 7/31/14 to 2/4/15. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.