

Case Number:	CM15-0044216		
Date Assigned:	03/16/2015	Date of Injury:	02/10/2010
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62-year-old male, with a reported date of injury of 02/10/2010. The diagnoses include adhesive capsulitis of the shoulder, and right shoulder impingement with severe postoperative arthrofibrosis. Treatments to date have included physical therapy, oral medications, right shoulder arthroscopy times two, steroid injection, and an electromyography/ nerve conduction velocity study of the right upper extremity. The medical report dated 02/06/2015 indicates that the injured worker continued to have a lot of pain in his right shoulder. The physical examination showed moderate pain with range of motion, active abduction to 110 degrees, and forward flexion to 120 degrees. The treating physician requested Norco 10/325mg #60, one to two tablets every six to eight hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, 1-2 tablets every 6-8 hours: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg 1 to 2 tablets every 6 to 8 hours # 60 are not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are other affectations shoulder region; adhesive capsulitis of shoulder; and cervical spondylosis without myelopathy. Qualified medical examination (QME) dated December 22, 2011 shows the injured worker was taking Norco at that time. A June 25, 2014 utilization review shows the utilization review physician recommended weaning of Norco due to its long-term use. The utilization review dated August 11, 2014 denied Norco as noncertified. There was no attempt at weaning. On February 6, 2015, according to a progress note, the treating physician is requesting Norco 10/325 mg. There is no documentation with objective functional improvement as a result of ongoing Norco use. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (ongoing long-term opiate use). Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco (since 2011) with an attempt to wean, Norco 10/325 mg 1 to 2 tablets every 6 to 8 hours # 60 are not medically necessary.