

Case Number:	CM15-0048236		
Date Assigned:	03/20/2015	Date of Injury:	12/09/2011
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old female sustained an industrial injury to the right shoulder, neck, back and right foot on 12/9/11. Previous treatment included right shoulder rotator cuff repair, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/7/15, the injured worker complained of pain 8/10 on the visual analog scale to the neck, low back, bilateral shoulders and bilateral feet. The injured worker reported that Norco decreased her pain from 9/10 to 4/10. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation in the midline with limited range of motion and tenderness to palpation with hypertonicity in the paraspinal musculature, right shoulder with positive Hawkin's and Neer's test, tenderness to palpation to the subacromial space and restricted range of motion and left shoulder with positive Neer's test, tenderness to palpation of the acromioclavicular joint and slight decreased range of motion. Current diagnoses included chronic cervical spine and lumbar spine sprain/strain, status post right rotator cuff repair, status post right foot crush injury with residual pain and right upper extremity paresthesia. The treatment plan included a prescription for Norco and a request for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 10/325mg) tablets #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right shoulder pain. The treating provider documents medications as providing decreased pain from 8/10 to 3/10 with increased ambulation and continued ability to work. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.