

Case Number:	CM15-0052719		
Date Assigned:	03/26/2015	Date of Injury:	09/18/2008
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Family Practice

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 60 year old female who sustained a work related injury September 18, 2008, to her right shoulder. Past history included hypertension, s/p thyroidectomy, December, 2012. According to a primary treating physician's progress report dated February 26, 2015, the injured worker presented with complaints of bilateral shoulder pain and stiffness. There is tenderness over the biceps tendon and mild tenderness over the right AC joint, and positive impingement signs, both shoulders. Diagnoses included bilateral knee internal derangement; lumbar disc herniation at L3-L4, L4-L5, L5-S1; lumbosacral strain with radicular symptoms and right shoulder tendinitis. The injured worker is scheduled for pre-operative medical clearance on March 2, 2015, and right shoulder arthroscopy on March 9, 2015. Treatment plan included discussion and instruction of pre and post-operative care and request for authorization of Norco for post-operative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain. The patient's date of injury is 09/18/2008. The patient takes Norco 10/325 mg regularly for chronic pain involving both shoulders, knees and low back. The treating orthopedist has requested authorization for right shoulder arthroscopic surgery. This review addresses a request for Norco for "post-operative pain." The documentation indicates that this patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. The guidelines state that opioids must not be prescribed by more than one practitioner. The documentation is not clear on this issue. The documentation does not state that the surgery has been authorized. Based on the documentation, treatment with Norco is not medically indicated. Therefore, this request is not medically necessary.