

Case Number:	CM15-0054840		
Date Assigned:	03/30/2015	Date of Injury:	03/13/2014
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 58 year old male, who sustained an industrial injury on 03/13/2014. He has reported injury to the right arm. The diagnoses have included right elbow biceps tendon rupture; medial epicondyle apophysitis; and status post right elbow open biceps tendon reconstruction, performed on 10/06/2014. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Norco and Naprosyn. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right arm is improving, but still unable to lift arm above head by himself; has been doing physical therapy; and has persistent weakness in the shoulder muscles. Objective findings included right shoulder/upper arm tenderness to palpation of the supraspinatus fossa with decreased range of motion; decreased strength in the biceps, triceps, deltoids, and rotator cuff; and positive impingement sign. The treatment plan has included the request for Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Norco 10/325mg #90. The requesting treating physician report dated 3/26/15 (3D) does not provide a rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 3/26/15 notes that the patient continued to rely on Norco 10/325mg 1 tablet as needed every 6 hours. The medical reports provided show the patient has been taking Norco since at least 3/19/14. No adverse effects or adverse behavior was discussed in the reports provided for review. In this case, all four of the required As are not addressed, the patients pain level has not been monitored upon each visit and functional improvement has not been documented. Furthermore, there is no documentation that the physician has a signed pain agreement on file nor is there any evidence of any prior urine drug screens. The MTUS guidelines require much more documentation to support the continued used of Norco. Recommendation is for denial and slow weaning per the MTUS guidelines. The request is not medically necessary.