

Case Number:	CM15-0080219		
Date Assigned:	05/01/2015	Date of Injury:	09/29/2012
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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:

The injured worker is a 34-year-old male with an industrial injury dated 09/30/2012. His diagnoses included other chronic pain, pain in joint (shoulder region), rotator cuff sprain, strain, and sprain and strain other site (shoulder and upper arm). Prior treatments included surgery, diagnostics and pain medication. He presents on 03/18/2015 with complaints of upper extremity pain. The provider documents no physical examination was performed at this visit. Time was spent reviewing history, discussing treatment/recommendations/progress, identifying appropriate goals of treatment and counseling regarding medications and non-pharmacologic treatments. The provider documented goals as increasing the injured worker's ability to self-manage pain and related problems. Return to productive activity at home, socially and/or at work. Treatment plan included pain management with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg quantity 60: Overturned

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

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

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for chronic upper extremity pain. He underwent a subacromial decompression and distal clavicle resection on 06/04/13. Treatments have included injections, physical therapy, and medications. Norco is being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. An assessment dated 10/15/14 references ongoing pain over the acromioclavicular joint. Injections and medications are referenced as helping to control pain symptoms. The claimant has ongoing pain with overhead activities. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when using his right upper extremity which is consistent with his history of injury and subsequent treatments. Norco 7.5/325 mg 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. Therefore, the continued prescribing of Norco can be considered medically necessary.