

Case Number:	CM14-0120401		
Date Assigned:	08/08/2014	Date of Injury:	07/12/2008
Decision Date:	10/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year-old male who sustained injuries on July 12, 2008 while performing his usual and customary duties as a mechanic. He has a medical history of diabetes mellitus and a surgical history of right rotator cuff repair and left shoulder arthroscopic decompression (no dates indicated in the reports). The injured worker is temporarily totally disabled. The progress report dated January 14, 2014 noted the injured worker's complaints of bilateral shoulder pain. His medication regimen includes Norco 10/325 mg every 6 hours, Ativan 1 mg three times a day as needed, Dexilant 60 mg, and Nucynta extended release 100 mg, twice a day. The physical exam findings were significant for decreased muscle strength in the right deltoid graded as a 3/5 and right biceps graded as 4/5. With Norco, the injured worker reported 40% improvement of pain symptoms and maintenance of his daily activities. He followed up on April 22, 2014 and May 19, 2014 for continued complaints of bilateral shoulder pain (right worse than left). Physical exam findings were significant for tenderness over the C2 through C7 facet joints, restricted cervical and bilateral shoulder ranges of motion, as well as decreased muscle strength in the right deltoid graded as 3/5 and right biceps graded as 4/5. The most recent progress report dated June 17, 2014 indicated continued complaints of bilateral shoulder pain with additional complaints of bilateral low back pain, bilateral neck pain, and left knee pain. Magnetic resonance imaging scans of the left knee performed on May 15, 2014 was reviewed and revealed posterior horn medial meniscus tear. The medication utility is unchanged. Physical exam findings were significant for tenderness over the bilateral C2 through C6 facet joints, restricted cervical and bilateral shoulder ranges of motion, decreased lumbar flexion and extension, decreased left shoulder strength at 4/5, and decreased muscle strength of the right deltoid at 3/5 and right biceps at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; Opioids for Chronic Pain; Opioids, Hydrocodone/ Acetaminophen Page(s): 204.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain guidelines indicate that Norco is prescribed for moderate to moderately severe pain. Guidelines further indicate that this opiate medication should be monitored using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. A utilization review performed on February 17, 2014 recommended weaning of Norco since there was no information presented regarding trials of first-line medications including non-steroidal anti-inflammatory drugs and periodic urine drug screens for on-going monitoring. There was lack of objective functional benefit to the injured worker. After review of available information as per the submitted progress reports, there is a lack of clear qualitative evidence indicating specific functional effect of the medication, proper analgesic effect from the medication, and increase in the injured worker's ability to undertake activities of daily living. There was also no indication of tapering or weaning of this medication as previously recommended. Additionally, there is a lack of documentation of urine drug screens to monitor medication compliance and for risk stratification. Therefore, it can be concluded that the Norco tablets 10/325 mg #120 is not medically necessary.