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| Case Number: | CM14-0127912 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 05/04/2004 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 64-year-old male was reportedly injured on 5/4/2004. The mechanism of injury was not listed. The claimant previously underwent right shoulder surgery on 1/20/2013 and 5/17/2013 and left shoulder surgery on 10/20/2004. The most recent progress notes, dated 7/7/2014 and 7/24/2014, indicated that there were ongoing complaints of shoulder pain. Physical examination demonstrated no deformity, swelling or atrophy of shoulders, limited right shoulder range of motion, tenderness to right subacromial bursa with positive right Neer and Hawkins impingement tests, positive Jobe Test, negative O'Brien test, anterior/posterior labral click, Speed and Yergason tests, right shoulder strength 4/5 with abduction, and external and internal rotation otherwise 5/5 bilaterally. Normal sensation and reflexes 2+ in upper extremities bilaterally. No recent diagnostic imaging studies available for review; however, a new shoulder MRI has been ordered. Diagnosis is recurrent symptomatic subacromial bursitis of the right shoulder. Previous treatment included shoulder surgery, cortisone injections, acupuncture, physical therapy, and medications to include Norco and Naproxen. A request had been made for Norco 10/325 mg #60 with one refill and was partially certified for #30 for tapering in the utilization review on 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic shoulder pain since an injury in 2004; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.