

Case Number:	CM14-0135938		
Date Assigned:	09/03/2014	Date of Injury:	12/06/2002
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old female who had date of injury of 12/06/02. Per the available records she has bilateral shoulder injuries and pain left greater than right. The injured worker has been maintained on opiate medications for extended period of time. On 01/27/14, a urine drug screen was negative for Norco and positive for cocaine metabolites. At this time [REDACTED] her pain management specialist, discontinued Norco secondary to an aberrant urine drug screen. Per clinical note dated 03/14/14, her pain levels were 9/10 without medications and 6-7/10 without the use of Norco. On 04/15/14, the injured worker underwent left shoulder arthroscopic rotator cuff repair. She was initially provided Oxycodone by the treating surgeon and was intolerant of this. She subsequently was seen in follow up by [REDACTED] on 05/15/14, at which time he recommended restarting Norco for her post-operative pain. When seen in follow up on 06/12/14, she had 40% reduction in pain. At this time, she was in a left upper extremity sling. She had not been started on physical therapy. The claimant was subsequently seen in follow up on 07/07/14, at which time she had again not started post-operative physical therapy. Utilization review determination dated 07/29/14 non-certified the request for Norco 10 325mg #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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80..

Decision rationale: The request for Norco 10 325mg #90 is recommended as medically necessary. The submitted clinical records indicate that the injured worker is status post left shoulder rotator cuff repair on 04/15/14. She was restarted on Norco on 05/15/14 in order to control her post-operative pain. On 06/12/14, she had 40% reduction in her pain. She however had not been initiated on post-operative physical therapy. Noting this, the injured worker will require opiate analgesia during the initial rehabilitative process. Failure to provide adequate pain control during the rehabilitative process would result in poor participation from the injured worker potentially resulting in development of frozen shoulder if not aggressively rehabilitated. The injured worker's medications are being managed by the pain management specialist. Therefore, based on the information provided, the request is medically necessary.