

Case Number:	CM14-0149425		
Date Assigned:	09/18/2014	Date of Injury:	05/14/2012
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice 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 claimant is a 28-year-old who sustained a work injury on May 14, 2012 involving the shoulders. He was diagnosed with right shoulder impingement and degenerative joint disease as well as left shoulder impingement with a tear of the supraspinatus tendon and labrum. He had undergone arthroscopy and debridement of the left shoulder in May 2013 and subacromial decompression of the right shoulder in October 2013 as well as a Mumford procedure of the right shoulder in June 2014. A progress note on August 13, 2014 indicated the claimant had limited range of motion and pain in the right shoulder. Exam findings were notable for a positive impingement test and parascapular tenderness as well as reduced flexion and extension of the right shoulder. The neck also had paraspinal spasms. The treating physician continued the claimant's Norco and Norflex. The claimant had been on Norco for over months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function of the shoulder. Limited evidence is available for Norco and shoulder pain. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.