

Case Number:	CM14-0161186		
Date Assigned:	10/06/2014	Date of Injury:	07/14/2013
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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 41-year-old male who reported an injury on 07/14/2013 due to an unknown mechanism. Diagnoses were right shoulder pain and dysfunction, right shoulder impingement, right shoulder AC joint arthrosis, right shoulder partial thickness rotator cuff tear, and status post right shoulder A/S, SAD, debridement. Physical examination dated 08/13/2014 revealed right shoulder pain, that was reported to be anywhere from a 3/10 to 7/10. It was reported that it popped frequently. There was pain with range of motion. The injured worker continued to exercise to avoid frozen shoulder. The injured worker reported left shoulder compensatory pain secondary to avoiding increased pain to right shoulder. Examination of the right shoulder revealed tenderness to the anterior acromial margin. There was tender AC joint. Flexion was to 170 degrees, abduction was to 170 degrees, external rotation was to 80 degrees, and internal rotation was to 75 degrees. Sensor/Motor exam was intact. No atrophy was noted. Treatment plan was to continue home exercise and dispense tramadol and Flexeril, wean of Norco 10/325 mg quantity 60, continue postoperative physical therapy 2 to 3 times a week for 6 weeks for the right shoulder. Also, for TENS unit and consider injection to the left shoulder. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain relief and functional status for the injured worker were not reported. The request does not indicate a frequency for the medication. There was no pain assessment available for review. The clinical information submitted for review does not provide evidence to justify continued use. The request for Norco tablets 10/325 mg #60 is not medically necessary.