

Case Number:	CM14-0162613		
Date Assigned:	10/07/2014	Date of Injury:	12/14/2011
Decision Date:	12/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

This 72 year old male sustained an injury to his left shoulder on December 14, 2011. Diagnoses include status post-acromioplasty arthroscopic left shoulder and AC joint arthritis left shoulder. An MRI was consistent with severe AC joint arthritis. He underwent a subacromial decompression arthroscopically on March 13, 2012. In report dated August 6, 2014, he was currently being treated with medications only. The injured worker presently complained of severe pain at the top of his shoulder extending up to his neck. Active range of motion of the left shoulder was 160 degrees flexion, 50 degrees extension, 130 degrees abduction, 20 degrees adduction, 45 degrees external rotation and 80 degrees internal rotation. There was extreme pain to palpation of the AC joint. An open Mumford procedure was recommended with postoperative protocol but the medical record was lacking any additional information. Treatment modalities included injections, medications and exercises. A request was made for Norco 10/325 mg quantity 100. On October 2, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Hydrocodone/Acetaminophen Page(s): 8-9; 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: This 72 year old male sustained an injury to his left shoulder on December 14, 2011. Diagnoses include status post-acromioplasty arthroscopic left shoulder and AC joint arthritis left shoulder on 3/13/12. Report of 8/6/14 noted he was currently being treated with medications only. The injured worker presently complained of severe pain at the top of his shoulder extending up to his neck. Active range of motion of the left shoulder was 160 degrees flexion, 50 degrees extension, 130 degrees abduction, 20 degrees adduction, 45 degrees external rotation and 80 degrees internal rotation. There was extreme pain to palpation of the AC joint. An open Mumford procedure was recommended with postoperative protocol but the medical record was lacking any additional information. Treatment modalities included injections, medications, exercises, and modified activities/rest. Norco 10/325 mg quantity 100 was denied on 10/2/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg Qty: 100.00 are not medically necessary and appropriate.