

Case Number:	CM14-0168490		
Date Assigned:	10/16/2014	Date of Injury:	02/22/2012
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery 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 is a 52-year-old male who sustained a vocational injury as a result of repetitive stress and strain while working as an administration clerk on 02/22/12. The medical records provided for review documented that the claimant underwent right shoulder subacromial decompression, Mumford procedure, and extensive debridement of the dorsal surface of a partial thickness rotator cuff tear on 05/23/14. The office note dated 08/01/14 was handwritten and provided only minimal information. It was documented that the claimant completed twelve sessions of physical therapy. In addition to right shoulder pain, the claimant also complained of low back pain radiating to the bilateral groin and upper thighs. Examination of the right shoulder revealed tenderness about the glenohumeral, acromioclavicular, and soft tissues of the right shoulder. There was a positive cross arm test. Range of motion demonstrated 120 degrees of flexion, 35 degrees of abduction, 120 degrees of adduction, 30 degrees of internal rotation, and 70 degrees of external rotation. Examination of the lumbar spine showed tenderness of the paraspinals and lateral pain with straight leg raise. Range of motion showed 40 degrees of flexion, 50 degrees of extension, and 15 degrees of bilateral lateral bending. The claimant was given a diagnosis of status post right shoulder surgical intervention on 05/20/14 and lumbosacral pain. The current request is for Norco 2.5/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91, and 124.

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend that prior to continuing opioids, ongoing management should include a summary of the "four A's" to include analgesic, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Documentation presented for review fails to establish how the 2.5/325 mg. Dosage of Norco is improving activities of daily living or decreasing ongoing pain. The claimant is more than five months post-surgical intervention of the right shoulder, and the continued current regular use of narcotics in the postoperative setting at five months from the aforementioned surgery would not be considered medically necessary barring postoperative complications or unusual circumstances which are not provided in the documentation presented for review. This dose is low enough to be considered subtherapeutic and not clearly efficacious or medically beneficial. Consideration of non-opioids would be recommended if the claimant's pain condition is not improved with simple formal physical therapy, a home exercise program, rest, and ice. Based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for Norco 2.5/325 #60 cannot be considered medically necessary.