

Case Number:	CM14-0092413		
Date Assigned:	09/10/2014	Date of Injury:	05/03/1997
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 65 year old male who was injured on 05/03/1997 sustaining right shoulder pain. The mechanism of injury was not documented in the clinical notes submitted for review. Clinical note indicated the injured worker has had multiple surgeries to the right shoulder. Current diagnoses include right shoulder pain. Clinical note dated 03/05/14 indicated the injured worker complains of right shoulder pain which radiates down to the right upper extremity, with pain level rated as 5/10 with medication. He indicated he is trying TENS unit for pain relief. The injured worker indicated his activity level has remained the same. He reported no new problem. A clinical note dated 04/30/14 indicated the injured worker complains of right upper extremity pain and right shoulder pain, with pain level rated as 6/10 with medication. He also reported poor quality of sleep. He also indicated his activity level remained the same. Physical examination of the right shoulder revealed restricted movements with flexion limited to 35 degrees, extension limited to 10 degrees, abduction limited to 40 degrees, passive elevation limited to 45 degrees and limited by pain. Hawkin's, Neer, and drop arm tests were positive. There was tenderness on palpation in the biceps groove, genohumeral joint and greater tubercle of the humerus. Left shoulder examination revealed restricted movements with flexion limited to 95 degrees, and abduction limited to 95 degrees, limited by pain. Sensation to pinprick is decreased over the middle finger on the right. A clinical note dated 06/25/14 indicated the injured worker complains of right shoulder pain, and rated his pain level as 6/10 with medications. The injured worker indicated his medications are working well, and he has no new problem. Urine drug screen on 04/24/14 was positive for opioids, and OxyContin. Physical examination revealed a slowed gait and the injured worker is assisted by crutches. Examination of the right shoulder showed restricted movements with flexion limited to 45 degrees, extension limited to 10 degrees, abduction limited to 40 degrees, and passive elevation limited to 45

degrees. Hawkin's, Neer, and drop arm tests were positive. There was tenderness noted in the biceps groove, genohumeral joint and greater tubercle of the humerus. Examination of the left shoulder revealed restricted movements with flexion limited to 95 degrees, abduction limited to 95 degrees. Motor examination was limited due to pain. Sensory examination revealed decreased sensation to pin prick over the middle finger on the right side. Hepatic and renal function test were documented as within normal limits. Medications include Flexeril 10mg, Norco 10-325mg, Celexa 20 mg, Gabapentin 600mg, Celebrex 200mg, Oxycontin 20mg and Silenor 3mg. The previous request for Norco 10/325mg tab #30 was non-certified on 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #30, take 1 daily as needed qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications Norco 10-325mg. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality include individual activities of daily living, community activities, and able to perform exercise as a result of medication use. The injured worker consistently indicated his activity level has remained the same. His pain level has remained the same as well. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco10-325mg tab cannot be established at this time.