

Case Number:	CM14-0152271		
Date Assigned:	09/22/2014	Date of Injury:	05/09/2012
Decision Date:	05/29/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male patient who sustained an industrial injury on 05/09/2012. A therapy evaluation report dated 03/20/2014 reported the patient being status post acromial decompression of the right shoulder and with subjective complaint of right shoulder pain. He reports awakening multiple times nightly from pain. The patient is found with pain, decreased range of motion, and decreased strength. The plan of care involved: therapeutic exercise, joint mobilization, soft tissue mobilization, modalities and body mechanics training. A primary treating office visit dated 04/22/2014 reported the patient with subjective complaint of right shoulder pain rated a 4 out of 10 in intensity. He is diagnosed with: biceps tendon rupture, torn rotator cuff, and biceps tendon rupture. The plan of care involved: obtaining a urine drug screen, continue with physical therapy and Norco. The 2014 UDS reported were consistent with hydrocodone utilization but the 2/25/2014 also showed non prescribed metabolites. The records also showed prescription of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with other sedatives. The records indicate that the patient has been on chronic opioid treatment since the 2012 injury. There is no documentation of objective findings that is consistent with significant functional restoration. There was documentation of inconsistent UDS report. There is no reported failure of treatment with NSAIDs and non opioid co-analgesic medications. The criteria for the use of Norco 10/325mg #60 was not met, therefore, the request is not medically necessary.