

Case Number:	CM14-0214960		
Date Assigned:	01/07/2015	Date of Injury:	11/16/2012
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 45-year old male with date of injury 11/16/12. The treating physician report dated 11/20/14 (not included) indicates that the patient presents with pain affecting his right shoulder. The physical examination findings reveal pain, crepitus, catching and weakness of the right upper extremity. The scapula was stable, without winging or Sprengel deformity. There was tenderness to palpation over the anterior, lateral and posterior shoulder girdle. The motor strength was 3+/5. There was a positive Hawking's test, O'Brien's test and Speed's test. Range of motion was adduction at 20 degree, abduction at 90 degrees, flexion at 90 degrees, extension at 20 degrees and internal and external rotation at 60 degrees. Prior treatment history includes right shoulder arthroscopy with arthroscopy rotator cuff repair, foreign body removal, glenohumeral debridement with synovectomy, and physical therapy. MRI findings dated 7/22/14 (not included) of the right shoulder reveal chronic rotator cuff tear with retraction of the supraspinatus tendon and a portion of the infraspinatus tendon along with a suspected tear that involved the long head of the biceps tendon. There were post-surgical changes noted as well as osteoarthritis. Current medications are Tramadol and Flexeril. The current work status is precludes the patient from working above or at shoulder level, carrying and lifting excess of 5 pounds, pushing and pulling with more than 5 pounds of force with the right arm. The patient was declared permanent and stationary. The current diagnoses are: 1. Very large tear of the right rotator cuff. 2. Right shoulder synovitis. 3. Right shoulder retained a foreign body suture. 4. Right shoulder chronic biceps tendon tear. The utilization review report dated 12/2/14 denied the request for Post-Op Norco 10/325mg, 1-2 tab every 4-6 hours PRN for Pain #90 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

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

Decision rationale: The patient presents with pain affecting his right shoulder. The current request is for Post-Op Norco 10/325mg, 1-2 tab every 4-6 hours PRN for Pain #90. The treating physician report requesting the Post-Op Norco was not included in the clinical history provided. The MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Finally, the patient should have one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. In this case, the patient had surgery well over 6 months ago; postoperative pain control is not indicated in the clinical history provided nor is a failed trial of non-opioids. Additionally, the clinical history provided does not document the patient's baseline pain and/or functional assessment nor do the records provided indicate the patient has completed a psychosocial assessment. Therefore, the current request is not medically necessary.