

Case Number:	CM15-0120665		
Date Assigned:	07/01/2015	Date of Injury:	06/03/2014
Decision Date:	09/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 57 year old male, who sustained an industrial injury on June 3, 2014 while working as a scaffold specialist. The injury occurred when a scaffold fell on his right arm. The injured worker sustained a distal biceps tendon rupture and a right shoulder and wrist injury. The diagnoses have included right shoulder injury, right shoulder internal derangement, right biceps tendon rupture and right hand pain. Treatment and evaluation to date has included medications, radiological studies, MRI and physical therapy. The injured worker was noted to be temporarily totally disabled. Current documentation dated May 6, 2015 notes that the injured worker reported constant worsening right shoulder pain. The injured worker also reported that his pain has caused him a lot of emotional, social and financial stress. Examination of the right shoulder revealed flexion and abduction to be less than 90 degrees. The pain medication Norco was noted to give the injured worker some pain relief. The treating physician's plan of care included a request for Norco 10/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90.00: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. Norco has been prescribed for this injured worker for three months, since February 2015. No functional improvement as a result of use of Norco was noted. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Norco. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Norco is not medically necessary.