

Case Number:	CM15-0122489		
Date Assigned:	07/06/2015	Date of Injury:	02/16/1995
Decision Date:	09/15/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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 58-year-old female, who sustained an industrial injury on February 16, 1995. The mechanism of injury was not provided. The injured worker has been treated for right shoulder complaints. The diagnoses have included right shoulder tenderness, right shoulder impingement and chronic right shoulder pain. Treatment and evaluation to date has included medications, radiological studies, injections, physical therapy, orthopedic consultation and a home exercise program. The orthopedic physician recommended surgery, which the injured worker did not want to proceed with. Work status was not provided in the records. Current documentation dated June 3, 2015 notes that the injured worker reported diffuse right shoulder pain, which radiated to the right trapezius muscles and right side of the neck. The pain was characterized as frequent and moderately affected her activities of daily living. The pain was rated a 2/10 on the visual analogue scale. The injured worker was noted to be taking Norco for pain. Examination of the right shoulder revealed a full range of motion. Impingement tests remained positive, including a Neer and Hawkin's. The right shoulder remained stable without an effusion and motor strength was intact. The treating physician's plan of care included a request for Norco 5/325 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 5/325mg #30: 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 at least six months, since January of 2015. There is a lack of documented functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the activities of daily living and dependency on continued medical care. The records do not include a drug screen or documentation to support the prescription has been renewed with respect MTUS guidelines. Due to lack of detailed documentation of improvement in pain and lack of documentation of functional improvement, the request for Norco is not medically necessary.