

Case Number:	CM15-0125634		
Date Assigned:	07/10/2015	Date of Injury:	09/08/2012
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64-year-old female with an industrial injury dated 09/08/2012. The injured worker's diagnoses include frozen right shoulder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/08/2015, the injured worker presented for right shoulder pain and medication refill. The injured worker rated pain a 10/10 without medication and a 6/10 with medications. Objective findings revealed pain/tenderness in the upper to mid cervical and moderate muscle spasms in the right posterior trapezius, right mid thoracic, right posterior shoulder, left anterior trapezius, left chest and left anterior shoulder. Decreased range of motion of the right shoulder was also noted on exam. The treating physician prescribed Norco 10/325mg quantity 120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2012 and continues to be treated for right shoulder pain. Medications are referenced as decreasing pain from 10/10 to 6/10 with improved sleep and range of motion and tolerance for household activities. When seen, there were muscle spasms. There was decreased shoulder range of motion with tenderness. Norco was refilled at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved sleep and function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.