

Case Number:	CM15-0129940		
Date Assigned:	07/16/2015	Date of Injury:	03/11/2008
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 53 year old male who sustained an industrial injury on 03/11/2008. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having bilateral rotator cuff tendinitis and degeneration. Treatment to date has included right shoulder surgery X2 (02/03/2011), (09/08/2009), physical therapy, home exercise program, and medications. Currently, the injured worker complains of bilateral shoulder pain that is greater on the right. Medications include Norco, Voltaren XR, and Norflex. The worker states Norco is helpful. On exam, there is tenderness to palpation along the cervical paraspinal muscles, upper trapezius, and levator scapular and periscapular regions. Trigger points are identified. Neurologic exam is intact. Cervical range of motion is diminished; Shoulder range of motion is limited bilaterally to about 160 degrees for forward flexion and abduction with end-range pain. According to 3/24/15 clinic note with primary treating pain provider, the IW reports a significant decrease of pain with current pain medications (from 9/10 to 5/10) and improved functional capacity including abilities to perform ADLs including showering and vacuuming. There is an opioid contract on file and the provider reports that he performs random UDS that have been appropriate. A request for authorization is made for the following: 1 prescription of Norco 10/325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, most notably clinic notes by the pain provider on 3/24/15, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently continued use of long acting opioids is supported by the medical records and guidelines as being medically necessary. This request is medically necessary.