

Case Number:	CM15-0171165		
Date Assigned:	09/11/2015	Date of Injury:	03/14/2015
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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 49 year old male, who sustained an industrial-work injury on 3-14-15. He reported initial complaints of right shoulder pain with radiation and initial pain was rated 8 out of 10. The injured worker was diagnosed as shoulder pain-sprain, and rotator cuff syndrome. Treatment to date has included medication, right shoulder sling, diagnostics, and work restrictions. X-rays were reported on 3-14-15 that was negative. Currently, the injured worker complains of ongoing pain to the right shoulder and mid-back with report of not having much relief since the last visit (7-6-15) but mediations had helped range of motion of the shoulder. Medication from last visit was meloxicam (mild anti-inflammatory). Per the primary physician's progress report (PR-2) on 8-5-15, exam reveals right shoulder forward flexion to 165 degrees, abduction at 160 degrees, positive impingement findings and Hawkins test on the right side, lateral-internal rotation weakness. Pain is radiating from the shoulder to the mid-portion of the thoracic spine with a lot of tenderness. Current plan of care includes Norco 10-325 mg #60 for pain management. The Utilization Review on 8-6-15 modified the request for Norco 10 mg to Norco 10 mg #30 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for mid back and right shoulder pain. He was seen for an initial evaluation by the requesting provider on 03/14/15. His symptoms had not improved. Pain was rated at 8/10. Physical examination findings included appearing ill. There was pain with shoulder range of motion with positive impingement testing and weakness. There was spinous process tenderness. Norco and meloxicam were prescribed. Subsequent evaluations reference medications that had been given as helping him out. Meloxicam had improved his shoulder range of motion. When seen, physical examination findings also included trapezius muscle spasm. Medications were refilled including Norco. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.