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| Case Number: | CM15-0171699 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/11/2015 |
| 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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old male who sustained an industrial injury on 06-27-2013. Current diagnoses include chronic persistent right shoulder pain. Report dated 07-24-2015 noted that the injured worker presented with complaints that included right shoulder pain, recent swelling on the top of the shoulder. Physical examination performed on 07-24-2015 revealed pain with range of motion of the right shoulder, swelling over the right acromioclavicular joint, which feels fluid filled, and tenderness to palpation in that area. Previous diagnostic studies included right shoulder MRI. Previous treatments included medications, physical therapy, cortisone injection, home exercise, and ice. The treatment plan included dispensed ibuprofen, contact the orthopedic surgeon to check on progress of surgical request, encouraged to use ice and ibuprofen, start acupuncture, and follow up in one month. Orthopedic surgeon report dated 06-15-2015 noted that the injured worker presented with continued severe pain over the lump at the acromioclavicular joint. Objective findings on 06-15-2015 included decreased shoulder range of motion, tenderness over the acromioclavicular joint, elevation of the distal clavicle which is reducible with pressure, and pain with cross body abduction. Diagnosis included chronic third degree acromioclavicular separation. Treatment plan included requests for surgical intervention and associated surgical services. Request for authorization dated 08-07-2015, included requests for right distal clavicle excision, excision of bursa, pre-op CBC and CMP, cold therapy unit-immobilizer, post-op Norco, and post-op physical therapy. The utilization review dated 08-11-2015, non-certified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 7.5mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5mg # 100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is chronic, painful third-degree AC separation. Date of injury is June 27, 2013. Request for authorization is August 7, 2015. According to the request for authorization, the Norco 7.5mg is for postoperative use. According to an August 3, 2015 progress note, the injured worker has ongoing pain at the right acromioclavicular joint. The treating provider indicates surgery was approved for a distal clavicle excision and reconstruction at the coracoclavicular ligament. The documentation (utilization review) in the medical record shows the surgery was not certified. As a result, if the surgery is not approved / certified, Norco 7.5mg is not approved / certified. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and non-certification of the requested surgery, Norco 7.5mg # 100 is not medically necessary.