

Case Number:	CM15-0173684		
Date Assigned:	09/15/2015	Date of Injury:	11/30/2009
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 11-30-09. The injured worker has complaints of right shoulder pain and quality of sleep is poor. The documentation on 8-13-15 noted that the injured worker rates his pain with medications as a 5 on a scale of 1 to 10 and without medications as a 9 on a scale of 1 to 10. Right shoulder examination revealed movements are restricted with flexion limited to 150 degrees limited by pain, abduction limited to 80 degrees limited by pain and external rotation limited to 30 degrees limited by pain. There is tenderness noted in the acromioclavicular joint. The diagnoses have included shoulder pain and other specified disorders of bursae and tendons in shoulder region. Treatment to date has included norco; oxycontin; docusate sodium and xanax; home exercise program and daily exercise with bands and push- ups. The documentation noted that the injured worker had a gastrointestinal bleed and cannot use the voltaren gel. Right shoulder magnetic resonance imaging (MRI) on 4-24-13 revealed surgically repaired rotator cuff noted with tendinopathy changes, no re-tear of full thickness defect is identified; stable subscapularis tendons with partial tearing; stable glenohumeral chronic wear and degenerative change and internal resolution of the previously demonstrated subacromial subdeltoid bursal effusion. Urine drug screen on 1-12-15 was consistent and appropriate. The original utilization review (9-2-15) modified the request for norco 10/325 #120 to #60 with no refills and the request for oxycontin 60mg #90 was modified to #45 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Oxycontin. The combined dose exceeded 120 mg of Morphine. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the guidelines, Oxycontin is not indicated 1st line for shoulder pain. The guidelines recommend not to exceed 120 mg or Morphine equivalent daily. In this case, the claimant was on Oxycontin and Norco in combined dose that exceeded 120 mg of Morphine. The continued use of Oxycontin in the dose above is not medically necessary.