

Case Number:	CM15-0173903		
Date Assigned:	09/24/2015	Date of Injury:	11/23/2012
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50-year-old female who sustained an industrial injury November 23, 2012. Diagnoses have included right and left shoulder impingement syndromes; right lateral epicondylitis, and, cervicalgia secondary to impingement syndromes. An MRI performed 1-4-15 is referenced as showing moderate glenohumeral capsulitis. Documented treatment includes right shoulder arthroscopic rotator cuff repair with subacromial decompression, synovectomy, and labral and rotator cuff debridement on 3-20-2013. She is taking Extra Strength Tylenol and Norco for "flare ups." She experienced unwanted effects with codeine. The physician note of 8-13-2015 states that the injured worker has experienced a "decline in the right shoulder over past year with increased pain and stiffness." She has also been complaining of increased left shoulder pain and right elbow pain. Objective examination by the physician revealed impingement signs bilaterally, and range of motion with forward flexion and abduction limited to 90 degrees right and 120 degrees on the left. Tenderness was noted over the right lateral epicondyle, and Tinel's test was negative at cubital tunnels bilaterally. Corticosteroid injections are being considered as future treatment. On 8-13-2015, a request was submitted for a refill of fifteen Norco 5-325 mg, but this was denied on 9-1-2015. Work status is stated with accommodations, but there is no documentation of whether she is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 8-13-15 included documentation of the pain with and without medications; however, the notes did not include no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed per guidelines. Also, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 5-325 mg #15 is not medically necessary and appropriate for ongoing pain management.