

Case Number:	CM15-0173916		
Date Assigned:	09/15/2015	Date of Injury:	11/23/2012
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
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: 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:

This is a 50-year-old female worker who was injured on 11-23-2012. The medical records reviewed indicated the injured worker (IW) was treated for right shoulder impingement syndrome, status post right shoulder arthroscopic rotator cuff repair with subacromial decompression, extensive synovectomy and labral and rotator cuff debridement; left shoulder impingement syndrome with questionable causation; cervicgia, likely secondary to shoulder impingement syndromes. The progress notes (8-13-15) indicated the IW had chronic right shoulder pain and stiffness. She also had some pain in the left shoulder, due to compensation. Right shoulder arthroscopy was performed on 3-20-13. She was taking Tylenol Extra Strength twice daily and Norco 5-325mg daily as needed for shoulder pain. She took the Norco only for pain exceeding 5 out of 10 and received 50% pain reduction. She was treated for HIV since 2002 and for renal insufficiency for three years. Codeine had caused sedation. On physical examination (8-13-15) impingement signs were positive bilaterally, as well as supraspinatus motor testing and cross adduction testing. Forward flexion and abduction were limited to 90 degrees in the right shoulder and 120 degrees in the left. There was tenderness at the right lateral epicondyle with negative Tinel's testing at the cubital tunnels bilaterally. The bilateral lower cervical paraspinal regions and bilateral trapezius were tender to palpation. Spurling's was negative and range of motion was within normal limits. Treatments included medications and surgery. A Request for Authorization dated 7-28-15 was received for Norco 5-325mg, #30 (per 7-16-15 order). The Utilization Review on 8-4-15 modified the request for Norco 5-325mg to allow #15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #30: Overturned

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, criteria for use.

Decision rationale: The claimant sustained a work injury in November 2012 and is being treated for right shoulder pain with a history of an arthroscopic right shoulder subacromial decompression and rotator cuff repair in March 2013. Norco is referenced as being taken only intermittently as needed one per day and that 30 tablets last up to three months and providing a 50 percent decrease in pain. When seen, there was decreased shoulder range of motion with positive impingement and cross arm testing. Norco was refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when using the upper extremities with her history of injury and surgery. Norco it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.