

Case Number:	CM15-0174600		
Date Assigned:	09/16/2015	Date of Injury:	03/11/2015
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, 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:

This is a 57 year old male patient who sustained an industrial injury on 3-11-2015. The diagnoses include right shoulder full thickness rotator cuff tear and chronic left shoulder rotator cuff syndrome, rule out tear. Per the doctor's note dated 8-17-2015 he had improved pain in the right shoulder at 0 out of 10. The physical examination of the right shoulder revealed decreased range of motion, 4/5 strength and well healed portal scars. Per the doctor's note dated 7-27-2015 he had right shoulder pain at 9 out of 10. Per the doctor's note dated 7/2/15, he had right shoulder pain at 0-1/10 with tramadol and at 7/10 without tramadol. Patient was prescribed norco on 7/29/15. The patient has tried tramadol and flexeril. He has had MRI of the right shoulder dated 3-29-2015 which revealed osteoarthritic changes of the acromioclavicular joint, along with laterally down sloping acromion process and mild subacromial spurring places the patient at a higher risk for impingement, full thickness tear of the anterior leading edge of the supraspinatus tendon, at its insertion, subscapularis tendinopathy, and signal alteration of the anterior labrum, worrisome for a tear. He has undergone right shoulder arthroscopic surgery on 6/5/2015. He has had postoperative physical therapy visits for this injury. He has had urine drug screen on 5/21/15 with consistent findings. Utilization review form dated 8-17-2015 non-certified Norco #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #60: 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 (Classification), Opioids, criteria for use.

Decision rationale: Norco (Hydrocodone 10/325mg) #60. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Per the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002)" Patient had right shoulder pain at 9/10 on 7/27/2015. He has undergone right shoulder arthroscopic surgery on 6/5/2015. The patient has objective findings on the physical examination- decreased range of motion, 4/5 strength. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The pain was relieved with norco. The patient has tried tramadol and flexeril. He has had urine drug screen on 5/21/15 with consistent findings. Therefore, based on the clinical information obtained for this review the request for Norco (Hydrocodone 10/325mg) #60 is medically necessary for this patient at this time for prn use.