

Case Number:	CM15-0025493		
Date Assigned:	02/18/2015	Date of Injury:	05/05/2011
Decision Date:	05/13/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: New Jersey
 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 40 year old female, who sustained an industrial injury on 05/05/2011. Diagnoses include right shoulder impingement syndrome, partial tear of the rotator cuff, calcific tendinitis involving the infraspinatus tendon of the right shoulder, down sloping acromion right shoulder contributing to the impingement syndrome and right chronic subacromial/sub deltoid bursitis. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, injections, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 12/09/2014 the injured worker reported continued pain in the right shoulder. Physical examination revealed exquisite tenderness over the AC joint of the right shoulder inferiorly. There was tenderness over the anterolateral aspect of the acromion. Flexion, adduction and internal rotation causes marked accentuated pain. There was tenderness over the subacromial bursal area. The plan of care included surgical intervention and authorization was requested on 12/09/2014 for Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg post-op; 1 every 4-6 hours as needed for breakthrough pain; #60:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, the request for Norco for breakthrough pain does not seem to be warranted, considering there was no clear clinical indication for surgery, for which it was intended. Also, there was an insufficient review of risks. Therefore, the Norco will be considered not medically necessary at this time.