

Case Number:	CM15-0065042		
Date Assigned:	04/13/2015	Date of Injury:	09/01/2009
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia

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 64 year old female, who sustained an industrial injury on September 1, 2009. The injured worker was diagnosed as having left shoulder pain status post left shoulder arthroscopic surgery March 12, 2012 with a MR arthrogram November 13, 2014 showing status post acromioplasty, biceps tendon tenodesis and superior labral tear repair with a 1.5cm partial thickness tear involving the supraspinatus and infraspinatus, and degenerative joint disease at the right AC joint, insomnia and depression secondary to chronic pain issues, and status post right humeral fracture from dizziness due to Neurontin. Treatment to date has included left shoulder surgery, and medication. Currently, the injured worker complains of ongoing left shoulder pain. The Primary Treating Physician's report dated March 12, 2015, noted the injured worker reported doing well on the current medication regimen. The current medications were noted as Norco, Relafen, and Omeprazole. The treatment plan was noted to include a one month supply of her medications of Norco and Relafen.

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 Chronic Pain Treatment Guidelines Opioids, Criteria for use, Chronic back pain, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.