

Case Number:	CM15-0066625		
Date Assigned:	04/14/2015	Date of Injury:	10/14/2009
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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
 Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on 10/14/09. She reported left shoulder and chest pain. The injured worker was diagnosed as having status post left shoulder surgery and chest pain. Treatment to date has included left shoulder arthroscopic surgery on 5/23/12, physical therapy, and medications. A physician's report dated 5/20/14 noted Norco 10/325mg was refilled. A physician's report dated 2/24/15 noted pain was rated 8/10 while the injured worker was prescribed Norco 10/325mg. A computed tomography scan of the cervical spine obtained on 6/26/14 was normal. Currently, the injured worker complains of left shoulder pain that radiated to the left chest and left arm to the finger level. The treating physician requested authorization for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's initial evaluation report dated February 24, 2015 documented that the patient states that on October 14, 2009, she sustained injury to her left shoulder and chest. The MRI was obtained and revealed a left torn rotator cuff. Left shoulder surgery was done in 2012. Approximately six months post surgery, her left shoulder froze. A second surgery was done to relieve the frozen shoulder syndrome and remove loose cartilage. Post surgery, physical therapy was initiated. She is a candidate for a third surgery for the left shoulder. She was last treated in May 2014. The patient has not had further treatment to date. She had left shoulder surgeries on May 28, 2012 and in January 2013. The patient denies any known allergies. The patient denies consumption of alcoholic beverages. Examination reveals severe impingement sign on the left shoulder. The patient is unable to lift her shoulder without significant pain. Range of motion of the left shoulder is limited due to pain. The patient had multiple surgeries involving her left shoulder as well as she had conservative treatment including multiple injections. She still has significant impingement sign and pain. She states that she feels like her left shoulder condition is actually worse than prior to surgery. She has chronic left shoulder pain. The urine drug screen dated 2/24/15 was negative. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The 2/24/15 progress report documented evidence of significant pathology and pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.