

Case Number:	CM15-0066670		
Date Assigned:	04/14/2015	Date of Injury:	11/21/2012
Decision Date:	05/13/2015	UR Denial Date:	03/15/2015
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: Emergency 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 44-year-old male, who sustained an industrial injury on 11/21/2012. He has reported subsequent bilateral shoulder pain and was diagnosed with rotator cuff tear of the right shoulder, tendinosis of the left shoulder and mild bicipital tenosynovitis. Treatment to date has included oral and injectable pain medication, cortisone injections and surgery. In a progress note dated 02/25/2015, the injured worker complained of ongoing bilateral shoulder pain. There were no abnormal objective examination findings documented. A request for authorization of Norco refill was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg DND until 3/25/15 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 48, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Hydrocodone/acetaminophine is Norco and contains an opioid. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Provider has failed to document all components to recommend initialization of an opioid. While provider documents improvement of pain with current regiment, review of records show an increase in pain medication utilization from 2 tablets of Norco a day to current 4 a day and invasive procedures to maintained claimed pain control over the last 6months. Objective functional improvement appears to be a template and has been the same for several progress notes. There appears to be appropriate monitoring for abuse or side effects. There is no appropriate documentation of long term plan of opioid therapy. There is no documentation of plan or prior plans for weaning. Contradictory documentation of claimed pain improvement and lack of long term plan does not support continue opioid therapy. Norco is not medically necessary.