

Case Number:	CM15-0069962		
Date Assigned:	04/17/2015	Date of Injury:	01/05/2009
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 50-year-old male who sustained an industrial injury on 01/05/2009. He reported bilateral shoulder pain. The injured worker was diagnosed as having right shoulder pain situation post right shoulder surgery (06/05/2009) with a MRI on 02/34/2010 that showed possible edema and low -grade partial tear or artifact from surgical hardware. He had left shoulder pain with a posterior -superior paralabral cyst and partial tearing of the biceps anchor. Treatment to date has included medications and medication monitoring. Currently, the injured worker complains of shoulder pain that is kept at a mild to moderate level, usually at a 3-4/10 with medications. Without the medications, his pain is at an 8/10. His oral medications for pain and muscle spasms are Norco and Robaxin. There is a signed opioid agreement in the chart. A request for authorization is made for Norco 10/325mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, page 8, (2) Opioids, criteria for use, pages 76-80 (3) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work-related injury in January 2009 and continues to be treated for chronic shoulder pain. The requesting provider documents medications as decreasing pain from 8/10 to 3-4/10. Norco is being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. A two-month supply is being requested. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and decreased pain with medication use is documented. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.