

Case Number:	CM15-0070575		
Date Assigned:	04/20/2015	Date of Injury:	08/13/2012
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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:

This 34 year old man sustained an industrial injury on 8/13/2012 to the right shoulder after a copy machine that he was pushing dropped in a hole. Evaluations include a right shoulder ax-ray and cervical spine x-rays dated 11/16/2012, right shoulder MRI dated 1/15/2013, cervical spine MRI dated 8/27/2013, and electromyography of the bilateral upper extremities dated 9/10/2013. Diagnoses include right cervical strain with right upper extremity cervical radiculitis and headaches, right shoulder impingement syndrome intermittent palmar and hand pain, and associated sleep disturbances. Treatment has included oral medications. Physician notes dated 12/15/2014 show complaints of right shoulder pain and cervical spine pain. Recommendations include right shoulder surgical intervention, Hydrocodone/APA, physical therapy, Diclofenac, right shoulder injection, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic neck and right shoulder pain. Medications being prescribed are Vicodin and diclofenac with the requesting provider documents as being used for pain management. When seen, he was having ongoing moderate right shoulder pain occurring frequently. He is trying to work at light duty. 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, although it is being prescribed as part of the claimant's ongoing management without documentation of the claimant's response to this medication is not medically necessary.