

Case Number:	CM15-0072434		
Date Assigned:	04/22/2015	Date of Injury:	01/20/2015
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Preventive Medicine, Occupational 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 46 year old male with an industrial injury dated January 20, 2015. The injured worker diagnoses include chronic bilateral shoulder pain. He has been treated with Magnetic Resonance Imaging (MRI) of right shoulder, prescribed medications and periodic follow up visits. According to the progress note dated 3/02/2015, the injured worker reported bilateral shoulder pain with radiation to the neck, back and front chest. The injured worker rated his pain a 6-10/10 with the right side worse than the left side. The injured worker also reported constant pain with the inability to sleep and worsen symptoms with any use of his shoulders. Objective findings revealed tenderness to palpitation of the cervical spine, diminished bilateral shoulder range of motion with pain and positive Neer's sign. MRI of this right shoulder dated 2/10/2015 revealed posterior labral tear with intact rotor cuff. The treating physician prescribed Norco 10/325mg, #60 provided on March 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count, provided on March 2, 2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that this is the first prescription for opioids in an attempt to manage chronic pain until the patient gets seen by Orthopedics for a posterior labral tear. This patient is unable to take NSAIDs due to cardiac history. The request for Norco 10/325 mg, sixty count, provided on March 2, 2015 is considered medically necessary.