

Case Number:	CM15-0095603		
Date Assigned:	05/22/2015	Date of Injury:	01/19/2009
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 is a 57 year old male who sustained an industrial injury on 01/19/2009. Mechanism of injury was a slip and fall. Diagnoses include right shoulder capsulitis-frozen shoulder, right shoulder rotator cuff syndrome with supraspinotus tendon tear, right shoulder bursitis and tendinopathy-status post right shoulder surgery on 04/22/1011 and 09/28/2012, and depression. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, Transcutaneous Electrical Nerve Stimulation unit, H-wave unit, home exercise program and cognitive behavioral psychotherapy. Medications include Cymbalta, Norco and a Lidoderm patch. He is permanent and stationary, his employer terminated his job. A physician progress note dated 03/11/2015 documents the injured worker is very anxious and depressed. Palpation of the shoulder elicits moderate tenderness at the superior aspect and anterior posterior area on the right. Sensation was intact. Range of motion is restricted in the right shoulder. He states his pain level is 6 out of 10. His sleep is poor. He states he did not get Norco refilled because the insurance denied it. He states his right shoulder pain gets worse and he could not sleep and do daily activities due to the pain. He was very upset. The treatment plan included continuation of the Lidoderm patch, continue Cymbalta 30mg at night, a urine test will be done next month and follow up visit in one month. Treatment requested is for Norco 10/325mg #30. The progress report dated May 27, 2015 indicates that the patient's Norco improves his pain and sleep, and allows him to do activities of daily living. He is able to function better with the medication. The note indicates that a previous urine drug screen was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #30, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects, and the patient is noted to undergo regular monitoring. Additionally, the patient is trying to keep the dose as low as possible, as recommended by guidelines. In light of the above, the currently requested Norco 10/325mg #30 is medically necessary.