

Case Number:	CM15-0095752		
Date Assigned:	05/22/2015	Date of Injury:	01/29/2010
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
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: Texas, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back, neck, mid back, and shoulder pain reportedly associated with an industrial injury of January 29, 2010. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for Norco. A RFA form received on April 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an operative report dated March 6, 2015, the applicant underwent a right shoulder arthroscopic acromioplasty, arthroscopic Mumford procedure, and arthroscopic SLAP repair procedure. On March 12, 2015, the applicant was asked to employ Norco for postoperative pain relief purposes. The applicant's moderate pain was apparently controlled with Norco. The applicant was asked to continue using a sling. On April 2, 2015, the applicant was given prescriptions for Norco, Relafen, Biofreeze gel, and Lexapro. Ongoing issues with shoulder pain approximately three weeks removed from shoulder surgery were reported. The applicant still had Steri-Strips present about the right shoulder. The applicant was guarding the shoulder in the evaluation and was, at times, tearful. A psychological consultation was sought while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 22, 75, 92, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain, as was present here on or around the date in question, April 2, 2015. The applicant was some three weeks removed from the date of earlier shoulder surgery as of the date of the request. The applicant was described as having ongoing pain complaints in the moderate-to-severe range on or around the date in question, April 2, 2015. Some degree of postoperative pain at this level was not altogether unexpected. Continued usage of Norco, thus, was indicated as of the date of the request, April 2, 2015. The date in question represented a time period of three weeks removed from the date of surgery, i.e., too soon of a time period for any meaningful discussion of functional improvement to transpire. Therefore, the request was medically necessary.