

Case Number:	CM15-0099716		
Date Assigned:	06/02/2015	Date of Injury:	03/11/2008
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/25/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 58-year-old male, who sustained an industrial injury on March 11, 2008. He reported a large wooden beam fell on top of his right shoulder resulting in immediate pain. The injured worker was diagnosed as having bilateral rotator cuff tendinitis and degeneration, rotator cuff tear, myofascial pain syndrome, tendinitis, and status post right shoulder surgeries times two with partial improvement. Treatment to date has included right shoulder surgeries, MRIs, physical therapy, and medication. Currently, the injured worker complains of bilateral shoulder pain. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported that his medications were helping with the pain. Physical examination was noted to show tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular, and periscapular regions, with some trigger points identified along the periscapular region. The treatment plan was noted to include medications including Norco, Norflex, and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. Adequate documentation of improvement in pain and function is present to justify the continued prescription of Norco. The absence of side effects has been documented. It is stated that he is taking the medications as instructed and he does not abuse medications or use illicit drugs. At one point, he did run out of Norco early but he was taking no more than 4 Norco a day which was according to the instructions of one every 6 - 8 hours. In summary, it appears that this worker is using the medication appropriately at the lowest dose possible with improvement in pain and function and without adverse effects. Criteria to discontinue opioids were not met and these would include no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. The documentation was adequate to support the lack of criteria to discontinue. Therefore, the request is medically necessary.