

Case Number:	CM13-0026847		
Date Assigned:	01/15/2014	Date of Injury:	05/29/2005
Decision Date:	03/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma & Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who reported an injury on 05/29/2005. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left shoulder rotator cuff injury, frozen left shoulder, left shoulder sprain and strain, status post left shoulder surgery in 2006 and 2009, and left shoulder pain. The patient was seen by [REDACTED] on 08/08/2013. Physical examination revealed decreased range of motion, decreased sensation, and positive impingement test of the left shoulder. The treatment recommendations included continuation of current medication including hydrocodone, etodolac, and temazepam. Authorization was also requested for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two week evaluation and treatment for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted for review, the patient was also recently recommended on 07/18/2013 to follow-up with [REDACTED], an orthopedic surgeon for a second opinion. Given that surgical intervention may be a viable option for this patient, the current request cannot be determined as medically appropriate, as the California MTUS Guidelines state there should be evidence of an exhaustion of previous methods of treating chronic pain with an absence of other options likely to result in clinical improvement. Based on the clinical information received, the request is noncertified.

Temazepam (Restoril) 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The patient has continuously utilized this medication. There is no documentation of chronic insomnia or sleep disturbance. As guidelines do not recommend long-term use of this medication, the current is not medically appropriate. Therefore, the request is noncertified.

Etodolac (Lodine) 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs (Nonsteroidal anti-inflammatory drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted for review, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request is noncertified.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is noncertified.