

Case Number:	CM13-0033153		
Date Assigned:	12/06/2013	Date of Injury:	08/16/2001
Decision Date:	01/15/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 57-year-old female who reported an injury on 08/16/2001 when she was reported to have fallen and tried to catch herself with her right hand. Diagnoses given include left shoulder sprain (840.4), right shoulder overuse (726.0), left frozen shoulder, reflex sympathetic dystrophy (RSD) of the left upper extremity (337.21), neck pain dystonia (723.1), and right shoulder sprain/labral tear (840.4). The patient is noted to have undergone multiple surgeries including a left shoulder acromioplasty in 2002, a left shoulder biceps repair with bone spur resection and partial biceps resection in 2004, a left osteotomy and reconstruction without tenodesis in 2006, a detachment and reattachment in 2006, a freeing up of the nerve in the forearm in 2007, a microfracture of the left shoulder with PRP injections in 2008, a right shoulder surgery in 2009, a right shoulder debridement with a large calcium deposit in 2010, a left shoulder surgery in 2011, and a right shoulder debridement in 2012. The patient is noted to have been treated conservatively with physical therapy, traction, massage, epidural steroid injections, 2 stellate ganglion blocks, trigger point injections, and cortisone injections to the right shoulder. She is noted to have undergone multiple imaging studies. Her current medications include Wellbutrin 75 mg twice a day, Norco 10/325 mg 4 times a day, Ambien 10 mg at bedtime, Levoxyl 0.88 mcg every day, Voltaren 1% gel topical ointment 4 times a day as needed, Soma 350 mg for spasms, and pravastatin 20 mg every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 to 2 tablets four times a day, #240 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, criteria for use Page(s): 78.

Decision rationale: The clinical note dated 08/08/2013 reported that the employee complained of persistent numbness in the right upper extremity since the 02/06/2012 surgery. The employee reported pain and numbness especially in digits 1 through 3, and reported when reaching out, the employee experiences electrical shocks behind the medial elbow and forearm. The employee reported tightness of the muscles. The employee was reported to have recently undergone a scapula thoracic injection, which helped decrease the pain to 0 for a couple of days but noted it was coming back. The employee is noted to still have limited range of motion of the shoulders and pain in front of the elbows. The range of motion was reported to be better, but there was still pain in the biceps and subscapularis. The employee was noted to use the Norco and occasionally use the Soma, and was reported to be on Wellbutrin with good benefit and had been using Voltaren for the shoulders and biceps spasms, which helped some. The California MTUS guidelines indicate that for ongoing management of patients taking narcotic analgesics, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it took for pain relief, and how long the pain relief lasts. The guidelines indicate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is no documentation that the employee is receiving any pain relief or an improvement of functional status with the employee's use of Norco, the requested Norco does not meet Guideline recommendations. The request for Norco 10/325mg, 1 to 2 tablets four times a day, #240 with 3 refills is not medically necessary and appropriate.

DME: Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Part B, DME, Hospital Bed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, is used by successive patients, and is primarily and customarily used to serve a medical purpose. It should also be appropriate for use in a patient's home. As per the clinical notes submitted, there is no

documentation to support the need for a hospital bed. The patient is currently participating in active physical therapy. There is no indication that this patient is unable to utilize a normal bed. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.