

Case Number:	CM13-0035565		
Date Assigned:	12/13/2013	Date of Injury:	08/05/2008
Decision Date:	02/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and Cardiology has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in 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 55-year-old female who reported an injury on 08/05/2008. The mechanism of injury was a fall. The most recent clinical note dated 09/06/2013 revealed the patient complained of pain in the bilateral shoulders and her left thumb. The patient reported she is having a lot more discomfort because she is now working, but it does affect her ability to sleep. The patient was not taking her medication at that time. She was on a high dose of NSAIDs therapy. The patient was noted to be having difficulties with reflex symptoms. The physician instructed the patient to try to reduce the amount of anti-inflammatory medications that she was taking which meant she would have to take more Norco to try to minimize her pain. The patient noted that without her medication, her pain level was at 9/10 at its worst and with the medication, it would drop down to 50%. The patient is functional and able to get some rest with the use of her pain medications. Physical examination showed decreased range of motion to the bilateral shoulders with pain noted to palpation and decreased grip strength in the left side. There was noted weakness on lateral rotation and pain with internal rotation with adduction of the right shoulder. Review of an MRI of the right shoulder dated 03/28/2013 and left shoulder dated 03/28/2013 revealed tendinitis in the left shoulder and a partial-thickness tear of the supraspinatus tendon of the right shoulder. The patient's medications were refilled and the patient was prescribed Protonix to avoid the reflux symptoms that she had been having and also avoid long-term complications of the medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): s 78-79.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary at this time. Per California MTUS Guidelines, there has been no documentation of maintained increase in function or decrease in pain with the use of the requested medication. There is documentation stating the patient has not been taking the medication as ordered and was taking additional medications between the prescribed medications. The medication has previously been modified for an allowance of 90 tablets in order to allow for weaning per guideline recommendations. At this time, the medical necessity for continued use of Norco 10/325 mg cannot be determined and the request is non-certified.

Volataren 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Per California MTUS Guidelines, acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal risk factors. It has been noted that the requested medication, NSAIDs, have been causing the patient some gastrointestinal reflux. Furthermore, the request is for 120 tablets which is not for short-term use which is recommended by California MTUS Guidelines. As such, the request for Voltaren 100 mg #120 is not medically necessary and is non-certified.