

Case Number:	CM14-0010451		
Date Assigned:	02/21/2014	Date of Injury:	05/30/2012
Decision Date:	07/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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 injured worker is a 49 year old male who is reported to have sustained work related injuries to his left shoulder as a result of moving a generator on 05/30/12. The records reflect the injured worker underwent a course of conservative management without improvement. On 10/28/13, the injured worker was taken to surgery where he underwent an operative arthroscopy, synovectomy, bursectomy, acromioplasty, with an open biceps tendon release. Postoperatively, the injured worker has received physical therapy and has been maintained on oral medication, Percocet. Reported pain levels of 7/10 without medication and 3/10 with. Per the clinical note dated 12/04/13, the injured worker is recovering from shoulder surgery. He reports his pain levels are 2-3/10 with the use of Percocet and Norco. He reports the pain intensifying without the use of narcotics. On physical examination, the injured worker is reported to not be in acute distress. The incision site is without redness, swelling, or drainage. It is tender to touch. The injured worker is wearing an immobilizer. He is recommended to avoid forceful pushing, pulling, and heavy lifting. He is to wear the immobilizer for another two weeks. The injured worker has received a handwritten prescription for twelve physical therapy sessions. The record contains a utilization review determination dated 02/25/14 in which the request for Norco 10/325mg #120 and Ibuprofen 800mg #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, the request for Ibuprofen 800mg #90 is recommended as medically necessary. The submitted clinical records indicate the injured worker is status post an extensive shoulder surgery and has had chronic inflammation as a result. The continued use of Ibuprofen would be clinically indicated as a non-opiate medication to address inflammation and pain.

1 PRESCRIPTION OF IBUPROFEN 800MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, the request for a prescription of Norco 10/325mg is not supported as medically necessary. The submitted clinical records indicate the injured worker is status post an extensive shoulder surgery performed on 10/28/13. At this point in time, the injured worker is greater than six months postoperative and should have been weaned from opiate medications. While the record indicates benefit and pain reduction, there is no indication of functional improvements while on this medication. As such, the injured worker would not meet criteria for continued use of opiate medications.