

Case Number:	CM14-0112831		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2010
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 53 year old male who reported an injury on 04/23/2010. The mechanism of injury was not specified. His diagnoses included shoulder pain, adhesive capsulitis of the shoulder, post-traumatic stress disorder, depressive syndrome, insomnia, osteoarthritis of the shoulder, and rotator cuff injury. It was noted on 04/16/2014 that the injured worker had failed over 3 months of conservative therapy. His treatments consisted of a home exercise program, trigger point injections, and 35+ visits of physical therapy post-surgery in 2014. His previous diagnostics were not provided. He had left shoulder surgery in April 2013 and January 2014. His last documented medications were on 04/16/2014 which included Naprosyn 375mg 1 tablet twice daily, Norco 10/325mg 1 tablet every 4 hours as needed, Skelaxin 800mg 1 tablet every 8 hours, Voltaren topical 1% topical gel, Nortriptyline 10mg 1-2 capsules at bedtime, Fluoxetine 20mg 3 tablets daily, and Oxcarbazepine 300mg 3 tablets twice daily. On 05/14/2014 the injured worker reported he was "doing well" and making gains with motion, he had less discomfort, and was still working on building strength. His physical examination revealed he had better strength with 4/5 supraspinatus and external rotation. The treatment plan was for Norco 10/325 #180. The rationale for the request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78,84..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78.

Decision rationale: As stated in California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker was status post left shoulder arthroscopy. It was noted he had a home exercise program, trigger point injection, and was attending post-operative physical therapy. He reported less discomfort upon examination on 05/14/2014. The guidelines indicate continuous use of opioids should include a detailed pain assessment which includes current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts; however, the clinical documentation lacked information pertaining to his pain relief and improvement. The clinical notes did not indicate if the injured worker had an improvement in functional status while taking the medication. Furthermore, it is recommend that the injured worker have a recent urine drug screen with results to confirm medication compliance, but it is unknown as to when the injured worker submitted a urine drug screen. Lastly, the request failed to provide the frequency of the medication. As such, the request for Norco 10/325mg #180 is not medically necessary.