

Case Number:	CM14-0116419		
Date Assigned:	08/04/2014	Date of Injury:	08/06/2006
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational 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:

There were 76 pages provided for review. There was a modified utilization review for Norco for weaning purposes. The application for independent medical review was signed on July 21, 2014. Per the records provided, he was described as a 44-year-old man injured back in the year 2006 allegedly from repetitive motion. The diagnoses included a right shoulder adhesive capsulitis, chronic right shoulder pain, status post partial acromionectomy of the right shoulder with release and insomnia secondary to pain. As of May 14, 2014, there still is right shoulder pain rated at three out of 10 on the pain scale. Current medicines were helping without adverse effects. There were some range of motion difficulties with discomfort. The treatment plan included medicines such as Norco and Carisoprodol. In this case the previous reviewer felt there was a lack of evidence for an objective assessment of the patient's pain level, functional status and evaluation for risk of aberrant drug use. The request did not include the frequency being prescribed. Due to the significant lack of an objective assessment the patient's pain level, functional status and evaluation for risk for aberrant drug use behavior and also the lack of frequency the request was decreased for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, criteria for continued use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.