

Case Number:	CM14-0122496		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2003
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation 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 64 year-old male who reported injury on 04/29/2003. The mechanism of injury was a trip and fall. The injured worker underwent a right shoulder arthroscopy, debridement of a type 1 labral tear, repair of a massive rotator cuff tear and acromial decompression on 02/18/2004. The injured worker underwent a left arthroscopy rotator cuff repair with subacromial decompression and biceps tenodesis on 04/29/2009. The injured worker had an EMG/NCV of the bilateral upper extremities. The injured worker had other therapies including medication and postoperative physical therapy. The documentation indicated the injured worker's medications included Norco tablets 10/325 one tablet as needed every 6 hours, Restoril 30 mg capsules 1 at bedtime as needed, Neurontin 400 mg 1 capsule 3 times a day, and Meloxicam tablets 15 mg 1 twice a day as of 02/2014. The documentation of 06/10/2014 revealed the injured worker had back and neck pain. The injured worker indicated he had 50% relief on the current medications. The sleep disruption was noted to be well controlled with Restoril. The injured worker had persistent left shoulder pain over the subacromial bursa. The medications included Norco 10/325 mg 1 tablet every 6 hours as needed for pain, Terazosin Hydrochloride 10 mg 1 capsule once a day, Omeprazole 20 mg capsules delayed release 1 capsule once a day, Metoprolol Succinate 25 mg tablets extended release 1 tablet daily, and Restoril 30 mg capsules 1 at bedtime as needed. The surgical history included a right rotator cuff repair followed by replacement and left rotator cuff surgery for massive tear multiple times. The physical examination revealed dysesthesias in the bilateral arms. The injured worker had severe tenderness in the left shoulder and limited range of motion of the left shoulder. The injured worker had tenderness over the left subacromial region. The examination of the range of motion of the neck revealed a positive Spurling's test, pain upon flexion, extension and bilateral rotation. The injured worker had paraspinal muscle spasms bilaterally and trapezius tenderness bilaterally.

The diagnoses included shoulder pain and cervical pain. Other diagnoses were noted to include cervical arthritis and other chronic pain. The treatment plan included a refill of the medications including Norco 10/325, Restoril 30 mg and Neurontin 400 mg. Additionally, the treatment plan included Meloxicam 15 mg and Voltaren Gel to help control inflammation of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, On-going Management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was noted to be since at least early 2014. The request, as submitted, failed to indicate the frequency and the quantity of the medication being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

Restoril 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request, as submitted, failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Restoril 30 mg is not medically necessary.

Neurontin 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as first line medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The duration of use was at least 4 months. The clinical documentation submitted for review failed to meet the above criteria. The request, as submitted, failed to indicate the frequency and quantity for the requested medication. There was a lack of documentation of the above criteria. Given the above, the request for Neurontin 400 mg is not medically necessary.

Meloxicam 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for at least 4 months. There was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Meloxicam 15 mg is not medically necessary.