

Case Number:	CM14-0179962		
Date Assigned:	11/04/2014	Date of Injury:	11/21/2008
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 Emergency 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:

Patient with reported date of injury on 11/21/2008. Mechanism of injury is described as from a motor vehicle collision but details were not provided. Patient has a diagnosis of L shoulder sprain, L elbow contusion and L hip contusion. Medical reports reviewed. Reports were reviewed until 9/30/14. Patient complains of L sided body pain 6-8/10. Pain improves to 2/10 with pain medications. Patient takes medications intermittently. Objective exam reveal limited range of motion of L shoulder with popping. Strength is intact. Tenderness to L shoulder and hip. A sample of "Zipsor" was given as a sample on 9/30/14. No imaging reports were provided for review. Medications include Norco, Naproxen and Flexeril. Urine Drug Screen was reportedly appropriate but no actual report was provided for review. Patient has reportedly undergone physical therapy with no improvement. Independent Medical Review is for Norco 10/325mg #60 and "Zipsor". Prior UR on 10/7/14 recommended non-certification. "Zipsor" was not approved but Naproxen 500mg #30 was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 12 hours as needed, #60 for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Which are unchanged from prior visits. Patient reportedly takes this medication as needed which is not appropriate chronically. Guidelines also recommend long term plan for opioid management. The provider's provided diagnosis of "sprains" and "contusions" do not warrant opioid therapy. There is no documented underlying etiology of pain or plan for weaning patient off opioids. Continue use of Norco is not medically necessary.

Zipsor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. ZipSor is Diclofenac Potassium, an NSAID. Patient is also on Naproxen, another NSAID. This is an incomplete prescription. There is no dosage or number or tablets requested. Progress note only notes that samples were provided to patient but unknown if a prescription was also provided. Due to patient already being on another NSAID, it is not clear why another was added on leading to increased risk of side effects. Since ZipSor is an incomplete medication and has a risk of increasing toxicity with another NSAID, it is not medically necessary.