

Case Number:	CM14-0033241		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2013
Decision Date:	08/14/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 56-year-old male who reported an injury 02/09/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 02/12/2014, indicated diagnoses of C5 and C7 disc degeneration, L3- 4 disc degeneration, right elbow olecranon bursitis resolved, full-thickness tear of the supraspinatus of the left shoulder, C3-7 spondylosis with bilateral neural foraminal stenosis, elbow overuse syndrome right, right elbow contusion and status post repair of the left rotator cuff and decompression. The injured worker reported neck pain rated at a 6 and ongoing pain of the right shoulder rated at a 4. The injured worker continued to have pain in the lower back with cramping in the right more than the left lower extremity, rated at a 6. The injured worker's physical examination was deferred. The injured worker continued to have severe neck pain, he had failed conservative care for the cervical spine, including lifestyle modifications. The injured worker continued physical therapy for his shoulder. The injured worker's prior treatments included, diagnostic imaging, surgery, physical therapy and medication management. The injured worker's medication regimen included Motrin, Norco and Medrol. The provider submitted a request for Medrol and Norco. A Request For Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg a day QTY: 80.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral corticosteroids.

Decision rationale: The request for Medrol 4 mg a day QTY: 80.00 is not medically necessary. The ODG state Medrol is not recommended for chronic pain and there is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Medrol is not indicated for chronic pain, in addition, the guidelines do not recommend Medrol, moreover, the request does not indicate a frequency. Furthermore, the provider did not indicate a rationale for the request, therefore, the request is not medically necessary.

Norco 5/325 mg every 6 hours as needed QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78 Page(s): 75, 78.

Decision rationale: The request for Norco 5/325 mg every 6 hours as needed QTY: 240 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There is lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use, behaviors and side effects. Moreover, the injured worker has been on this medication since at least 02/2014, this exceeds the guideline's recommendation for short term use. Therefore, the request for Norco is not medically necessary.