

Case Number:	CM14-0034227		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2013
Decision Date:	08/08/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 is a 44-year old male with a date of injury on 6/26/2013. Diagnoses include left shoulder bicipital tendinitis, possible SLAP tear of the left shoulder, post-traumatic AC joint arthrosis, anxiety, and insomnia. Subjective complaints are of moderate left shoulder pain. Physical exam demonstrates positive impingement test on both internal and external rotation and flexion, as well as a positive abduction test. No neurologic deficit was recorded. Prior treatment has included physical therapy, medication, and left shoulder injection. Shoulder injection was noted as being helpful, and that he has been working at his regular job. Medications include Naprosyn 550 mg twice a day, Gabapentin 300mg twice a day, and Norco 10/325 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 850 mg # 60: Overturned

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 Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for

symptomatic relief for pain. For this patient, moderate pain is present in the shoulders, and has been efficacious in helping this patient return to work. Therefore, the requested Naprosyn is medically necessary.

Norco 10/325 mg# 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, pain has improved after steroid injections, and ongoing need for opioids is not clear, and an opioid utilization timeline was not established. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the medical necessity for Norco is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

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

Decision rationale: CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an antiepileptic drug (AED) for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated subjective complaints or objective evidence that is consistent with neuropathic pain. Furthermore, pain relief or functional improvement was not documented with this medication. Therefore, the medical necessity for Gabapentin is not medically necessary.