

Case Number:	CM14-0035217		
Date Assigned:	06/23/2014	Date of Injury:	05/30/2012
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; corticosteroid injection therapy; and earlier shoulder surgery on October 28, 2013. In a Utilization Review Report dated March 13, 2014, the claims administrator somewhat incongruously approved a request for Opana while partially certifying a request for Norco for weaning purposes. The claims administrator apparently certified a higher dose of Opana on the grounds that lower doses have been previously unsuccessful while partially certifying Norco for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated June 12, 2014, the applicant reported 7/10 pain without medications and 4/10 with medications. The applicant stated that his pain was worsened. The applicant was having difficulty sleeping and stated that his activity levels were decreased. The applicant was using Colace, Norco, Motrin, and Opana, it was suggested at this point in time. The applicant had complaints of poor energy and poor sleep in the review of systems section of the report, it was noted. The applicant was described as status post left shoulder surgeries in July 2013 and November 2013. The applicant was obese, with BMI (body mass index) of 30. Limited shoulder range of motion was noted with flexion to 130 degrees. The applicant was advised to return to work at a rate of four hours per day. The applicant, however, had apparently refused to return to work as a driver, however, it was suggested, despite the fact that his employer made attempts to accommodate him. In a utilization review rebuttal letter of June 16, 2014, the attending provider stated that the applicant's pain was variable and heightened with any kind of activity. The attending provider nevertheless stated that the applicant was able to perform basic and advanced

activities of daily living with the aid of medications. The attending provider did not elaborate upon what activities of daily living have specifically been ameliorated.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has himself acknowledged that the applicant's ability to perform activities of daily living is constrained secondary to pain. The applicant's pain complaints appear to be heightened, as opposed to reduced, it has been suggested above. While another section of the report suggested the applicant's pain levels had dropped from 7/10 to 4/10 with medications, this is outweighed by the applicant's failure to return to work and complaints of heightened pain with any form of activity. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.