

Case Number:	CM14-0041199		
Date Assigned:	06/30/2014	Date of Injury:	01/13/1987
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Pain Management 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:

This is a 59-year-old male with a 1/13/1987 date of injury. A specific mechanism of injury was not described. 3/14/14 determination was modified. There was a certification for Norco and Valium x 60 tablets each with no refills. It was noted that on a conversation with the requesting provider, he stated that a re-evaluation with the orthopedist was pending, the patient remained with significant pain and has no other treatment options pending the ortho's input. He also states that is there was no surgical lesion, he will re-explore options to wean the patient off the medications. 2/4/14 medical report identified ongoing left shoulder pain. The patient stated that he had been steadily getting worse since his original shoulder surgery in 1997. He also stated that he had an injection to the shoulder by an orthopedist but it did not really help. He slept as still as he could while pushing his arm up into the shoulder joint. He cannot use if for ADLs. There were no side effects from medication and the patient was taking the medications as prescribed. Exam revealed shoulder diffusely tender over the AC joint, superior aspect glenohumeral joint and bicipital groove. Abduction is decreased to about 70-90 degree. Internal rotation is also decreased due to pain. It was noted that a decrease in medication was being attempted in the form of tablet Q 2 weeks to lowest effective dose. Goal was to provide effective pain relief with least amount of opioid medication. The patient was agreeable to this plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg tid 30 days 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: Given the 1987 date of injury, the duration of opiate use to date is not clear. The records do not reflect appropriate medication monitoring for aberrant behavior. There is no urine toxicology exam or CURES report to monitor medication compliance. The patient has been getting increased pain despite medication. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. The prior determination modified the request to 60 pills which seemed reasonable considering that an orthopedic evaluation was awaited, and the results from such were expected to alter the treatment plan. In addition, the provider was initiating weaning of the medication and the patient agreed to such. Considering all those factors, partial certification previously recommended was medically necessary. However, the request as proposed cannot be considered necessary and a favorable determination could not be rendered. The request is not medically necessary.

Valium 10 mg tid 30 days 0 refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It appeared that the patient had been on this medication for a prolonged period of time. There was no rationale for chronic treatment with Valium. However, in light of increased pain and while awaiting orthopedic recommendation, continuation of medication was appropriate. Considering these factors, the prior determination modified the request to allow for medication intake until the orthopedic consultation was performed, which was appropriate. However, the request as presented could not be rendered medically necessary. The request is not medically necessary.