

Case Number:	CM14-0042813		
Date Assigned:	07/02/2014	Date of Injury:	02/19/2010
Decision Date:	08/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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:

This is a 42-year-old female with a 2/19/10 date of injury. The patient stated that while at work she had an incident when papers fell onto her left arm resulting in increased pain in the left shoulder and neck. According to a note dated 1/10/14, the patient complained of constant burning in the entire left arm. The left shoulder felt like it comes out of the socket with any motion of the left arm. She noted throbbing, shooting, and sharp pain in the neck and left trapezius as well as the left shoulder and entire left arm. Objective findings: tenderness to palpation of cervical spine, tenderness to palpation over the anterior capsule of the left shoulder, impingement is positive on the left shoulder, tenderness to palpation over the ulnar nerve on the left, tenderness to palpation over the volar aspect of the left wrist. Diagnostic impression: degenerative disc disease, cervical spine, with radiculopathy; status post left shoulder arthroscopy, open rotator cuff exploration, decompression and repair with resection of distal clavicle, coracoacromial ligaments and acromioplasty; mild tardy ulnar nerve palsy and mild carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy, ESI (epidural steroid injection). A Utilization Review decision dated 4/3/14 denied the requests for Norco and Triazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Norco, functional benefit was not clearly documented in the most recent progress notes available for review. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg, #75 was not medically necessary.

TRIAZOLAM 0.25MG, #30: Upheld

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

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. Regarding Triazolam, it has been determined that the patient has been on Triazolam since at least 3/2/11. Therefore, the request for Triazolam 0.25mg, #30 was not medically necessary.