

Case Number:	CM14-0048663		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2007
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 patient is a 25 year old male who has developed chronic low back, shoulder and ankle pain subsequent to a shoulder dislocation and then blunt trauma a week afterward. The date of injury is reported as 10/02/07. He has been treated with multiple ankle surgeries with improved function, but ongoing pain. He is currently being treated with oral analgesics (Norco 10/325 up to 6 per day and Zanaflex). Shoulder MRI studies have revealed changes associated with a dislocation and degenerative changes in the rotator cuff. A shoulder steroid injection is reported to have improved his pain and function for 5-6 weeks and allowed him to sleep on the affected side. There are no aberrant drug related behaviors and it is clearly documented that the oral analgesics have allowed him to return to full work duties and that he is attending school.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective prescription for Norco 10/325mg #360 between 2/5/2014 and 2/5/2014:
Overturned

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

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

Decision rationale: MTUS Chronic Pain Guidelines discourage the chronic use of Opioids whenever possible, however long term use is supported if there are functional benefits. It is clearly documented that the Hydrocodone has allowed him to remain at full work duties in a physically demanding job. Guidelines specifically state that ongoing use of Opioids is reasonable under these circumstances. There are no aberrant drug related behaviors and the use is moderate and stable. The Norco is medically necessary.

1 Retrospective Kenalog injection between 2/5/2014 and 2/5/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: MTUS Guidelines point out that shoulder injections are not well supported, but they do allow for a trial and then up to a total of 3 injections if benefits are meaningful. The patient has long term symptoms consistent with rotator cuff irritation and the injection trial is consistent with Guideline recommendations. The shoulder Kenalog injection is/was medically necessary.