

Case Number:	CM14-0081266		
Date Assigned:	07/21/2014	Date of Injury:	01/06/2012
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old male who reported an injury 01/06/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/11/2014 indicated diagnoses of status post reverse total shoulder replacement with severe pain and no obvious etiology, and carpal tunnel syndrome. The injured worker reported that he was 6 months postoperative. The injured worker reported he had continued resting and activity related pain with no obvious source of pathology. On physical examination, the injured worker's active motion was approximately 100 degrees of forward flexion and 80 degrees of abduction with very mild pain. The injured worker's deltoid strength was 4+ with diffuse pain into the right trapezius, deltoid, and biceps. The injured worker's treatment plan included transfer to care of chronic pain management. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for Norco and Meloxicam. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Meloxicam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Meloxicam 15mg #60 is not medically necessary. The California MTUS guidelines recognize Ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated if this was a first time trial or the injured worker had been utilizing this medication. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for osteoarthritis. The request does not indicate a frequency. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Meloxicam is not medically necessary.