

Case Number:	CM14-0085970		
Date Assigned:	07/23/2014	Date of Injury:	02/09/2011
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The patient is a male (age not available) who has submitted a claim for s/p chronic bilateral shoulder surgeries and left ulnar neuropathy associated with an industrial injury date of September 27, 2007 and February 9, 2011. Medical records from April 1, 2014 were reviewed showing that the patient has returned to work and is able to handle his duties. However, he is still experiencing some pain in both his shoulders. Pain is worse when he gets off from work. Patient is a bus driver. Physical examination of the shoulders showed full range of motion with some pain. Treatment to date has included Ultracet 37.5/325mg, Relafen 750mg, and chronic bilateral shoulder surgeries. Utilization review from May 27, 2014 denied the request for Norco 10/325mg, Ultracet 37.5/325mg, and Relafen 750mg. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has not been taking Norco although he was prescribed with Ultracet since at least April 1, 2014. There was no discussion why the patient needs another opioid. It was mentioned that UDS was done, but the results were not made available. Furthermore, the number to be dispensed was not indicated. Therefore the request for Norco 10/325MG is not medically necessary.

Ultracet 37.5/325mg: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Ultracet since at least April 1, 2014. There was no documentation of pain relief however, the patient has gone back to work and is able to handle the workload well. It was mentioned that UDS was done, but the results were not made available. Furthermore, the number to be dispensed was not indicated. Therefore the request for Ultracet 37.5/325MG is not medically necessary.

Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Relafen (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Relafen 750 mg since at least April 1, 2014. There was no documentation of pain relief with Relafen use. The long-term use of Relafen is not in conjunction with guidelines recommendation. It is unclear as to why variance from the guidelines is necessary. Furthermore, the number to be dispensed was not indicated. Therefore, the request for Relafen 750MG is not medically necessary.

