

Case Number:	CM14-0209655		
Date Assigned:	12/22/2014	Date of Injury:	02/17/2014
Decision Date:	02/19/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 46 year old patient with date of injury of 02/17/2014. Medical records indicate the patient is undergoing treatment for chronic persistent left shoulder pain, post left shoulder surgery 08/06/2014. Subjective complaints include persistent left shoulder pain and stiffness. Average pain is 7/10 and gets as high as 9/10 coming down to 3/10 with medication, medication takes effect in 30 minutes and lasts 4 hours. Objective findings include good full range of motion of the shoulder, equal internal rotation to the right shoulder however increased pain at end range. Treatment has consisted of shoulder surgery, physical therapy, Norco and Motrin. The utilization review determination was rendered on 12/07/2014 recommending non-certification of Norco 10/325mg quantity 90; dispensed on 11/17/14 and Motrin 800mg quantity 90; dispensed on 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90; dispensed on 11/17/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, and improved quality of life while taking Norco. As such, the request for Norco 10/325mg quantity 90 is medically necessary.

Motrin 800mg quantity 90; dispensed on 11/17/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of shoulder pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil, generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg by mouth 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg by mouth every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did document a decrease in pain and detailed functional improvement from the use of Ibuprofen. As such the request for Motrin 800mg quantity 90, dispensed on 11/17/14 is medically necessary.