

<b>Case Number:</b>	CM14-0066616		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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. 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 3/24/10. He reported a right shoulder injury. The injured worker was diagnosed as having left shoulder adhesive capsulitis with recurrent impingement syndrome and status post left shoulder industrial injury. Treatment to date has included left rotator cuff repair, physical therapy and oral medications including opioids. (MRI) magnetic resonance imaging of left shoulder performed on 2/27/15 revealed supraspinatus tendinosis, scar tissue and low grade partial thickness tear of intraarticular segment of long head of biceps tendon. Currently, the injured worker complains of ongoing left shoulder pain without stiffness, swelling or weakness; he reports the pain as 6/10. Physical exam noted severe supraspinatus tenderness, moderate greater tuberosity tenderness, biceps tendon tenderness and restricted range of motion of left shoulder. A request for authorization was submitted for refilling of Norco, MS Contin, Lyrica and Elavil and continued home care assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin and Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work. The 3/18/15 and 5/8/15 progress notes list functional benefits of meds and rate pain with and without meds but do not distinguish a response to a particular medication or clarify the need for all 4 of the medications which include Norco, MS Contin, Lyrica, and Elavil. The chronic use of an opioid requires assessment of the specific effects of the particular drug rather than all medications taken together as it is then not possible to determine which medications are or are not beneficial. This request is not medically necessary.

**42 Home care assistance visits for 4 hours a day (7 days a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Home health services are recommended for patients who are homebound. Medical treatment does not include homemaker services and personal hygiene. There is no indication from the record that this worker is home bound. The record states he ambulates with a cane and is able to perform ADLs. The indication or rationale for home care was not described in the record. It did not appear that he was receiving any medical treatments that would require home health services. This request is not medically necessary.