

Case Number:	CM15-0109388		
Date Assigned:	06/16/2015	Date of Injury:	03/17/2005
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey

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 55 year old male, who sustained an industrial injury on March 17, 2005. The injury occurred when the injured worker was using a wheelbarrow at work and sustained a left shoulder injury. The diagnoses have included osteoarthritis shoulder region, bicipital tenosynovitis, unspecified disorders of the bursae and tendons in the shoulder region and right shoulder impingement syndrome as a compensatory consequence of the left shoulder arthritis. Treatment to date has included medications, radiological studies, physical therapy, injections and right shoulder surgery. Current documentation dated May 18, 2015 notes that the injured worker was present for medication refills. Examination of the left shoulder revealed a decreased range of motion. Special orthopedic testing was noted to be negative. The treating physician's plan of care included a request for the medications Norco 10/325 mg # 90 and Naproxen 500 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documentation provided for this case, there was insufficient documentation to show that this full review was completed recently to help justify the continuation of Norco. There was no report found in the documentation which stated pain reduction and functional gains clearly and measurably. Without this reporting, the Norco cannot be considered medically necessary at this time.

Naproxen 500 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was no report found in the recent documentation provided which stated a measurable functional gain and pain level reduction directly related to the naproxen, which was used as needed. The records suggested this medication was used chronically up to this request and is intended to be used chronically moving forward. This medication carries significant side effects for this worker, particularly since he already has risk factors for heart disease and kidney disease (diabetes, hypercholesterolemia). Therefore, considering the above reasons, the naproxen will be considered medically unnecessary.