

Case Number:	CM15-0142879		
Date Assigned:	08/03/2015	Date of Injury:	07/16/1998
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 7-16-1998. The mechanism of injury is unknown. The injured worker was diagnosed as having multiple bilateral shoulder surgeries. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-1-2015, the injured worker complains of pain, stiffness and discomfort in the bilateral shoulders, primarily with overhead activities and extensive use. Physical examination showed slight tenderness to palpation with some painful range of motion movements. The treating physician is requesting Norco 10-325 1-2 tablets every 12 hours as needed #60 with 1 refill and Ibuprofen as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1-2 tab q12hr prn disp 60 refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence that the injured worker is suffering from severe pain that would warrant the use of an Opioid medication. His pain has been controlled with the use of Motrin. The request for Norco 10/325 1-2 tab q12hr prn disp 60 refill 1 is determined to not be medically necessary.

Continue Ibuprofen prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with associated mild pain. There is no evidence of an acute injury in the available documentation. Additionally, there is no dosage or quantity information included with this request for Ibuprofen. The request to continue Ibuprofen prn is determined to not be medically necessary.