

Case Number:	CM15-0144295		
Date Assigned:	08/05/2015	Date of Injury:	02/24/2010
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old male who reported an industrial injury on 2-24-2010. His diagnoses, and or impression, were noted to include: rotator cuff sprains-strains; post-surgical status; rotator cuff repair; carpal tunnel syndrome; lumbar radiculopathy; and lateral epicondylitis. No current imaging studies or x-rays were noted. His treatments were noted to include: psychological evaluation and treatment; medication management; and rest from work. The progress notes of 6-22-2015 reported a follow-up visit that noted the reason he missed a scheduled panel qualified medical evaluation; a report of persistent bilateral shoulder pain with restricted range-of-motion; and that approval for a new psychiatrist had not yet been given and he was in need of his psychotropic medications. Objective findings were noted to include: restricted range-of-motion in the neck; reduced sensation I the bilateral hands; well-healed bilateral shoulder scars and very restricted and painful range-of-motion with the inability to lift his arms; tenderness to the bilateral elbows; tenderness and reduced sensation, with reduced grip strength in the bilateral wrists; tenderness and spasms, and reduced left lumbar sensation, in the lumbar spine; and tenderness with positive McMurray's test in the left knee. The physician's requests for treatments were noted to include the continuation of Norco as needed, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #120: 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) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic February 2010 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 5/325 #120 is not medically necessary and appropriate.

Naproxen 550mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2010 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen 550mg #30 with 2 refills is not medically necessary and appropriate.