

Case Number:	CM15-0191906		
Date Assigned:	10/05/2015	Date of Injury:	04/07/2003
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 4-7-03. The injured worker is being treated for status post left shoulder surgery and left shoulder degenerative joint disease. Treatment to date has included left shoulder surgery, Norco 10-325mg (since at least 5-20-15) and activity modifications. On 7-16-15 the injured worker complains of left shoulder pain and on 9-16-15, the injured worker complains of continued left shoulder pain with pain in left hand. It is noted she does not want total shoulder arthroplasty. Documentation does not indicate level of pain prior to and following opioid, duration of pain relief or functional improvement with use of opioids. She is currently not working. Physical exam performed on 7-16-15 revealed mild pain with range of motion f left shoulder and on 9-16-15 revealed decreased range of motion of left shoulder with positive impingement syndrome. On 9-16-15 a request for authorization was submitted for Norco 10-325mg #120 and Ultram 50mg #120. On 9-24-15 request for Ultram 50mg #120 was modified to #80 and Norco 10-325mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Per the latest progress report dated 9/16/15, it was noted that the injured worker continued to complain of left shoulder pain. She also had pain in her left hand. There was no indication that the injured worker had failed non-opiate medications for this flare up. Furthermore, it is unclear why the provider initiated two opiates. The request is not medically necessary.

Ultram 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Per the latest progress report dated 9/16/15, it was noted that the injured worker continued to complain of left shoulder pain. She also had pain in her left hand. There was no indication that the injured worker had failed non-opiate medications for this flare up. Furthermore, it is unclear why the provider initiated two opiates. The request is not medically necessary.