

Case Number:	CM15-0203301		
Date Assigned:	10/20/2015	Date of Injury:	05/28/2014
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, New York, 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 applicant is represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 20, 2014. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for Norco and MS Contin. The claims administrator referenced an October 1, 2015 office visit and an associated October 6, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said October 1, 2015 office visit, the applicant reported ongoing issues with shoulder and elbow pain, 7/10 with medications and 8/10 without medications. The applicant was on MS Contin, Norco, aspirin, Lipitor, Flexeril, Naprosyn, Prilosec, Tramadol, the treating provider reported. The note was very difficult to follow, mingled historical issues with current issues, and was, at times, internally inconsistent. The attending provider stated in one section of the note, the applicant would discontinue MS Contin and employ heightened dosage of Norco. In another section of the note, the attending provider stated that he was renewing both MS Contin and Norco. The applicant was not working, the treating provider acknowledged. A rather proscriptive 5-pound lifting limitation was imposed, although the treating provider acknowledged the applicant's employer was unable to accommodate said limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence successful of return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on October 1, 2015. While the treating provider did recount a low-grade reduction in pain scores from 8.5/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the applicant's difficulty lifting articles weighing greater than 5 pounds and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing MS Contin usage. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the treating provider reported on the October 1, 2015 office visit at issue. The applicant was having difficulty lifting articles weighing greater than 5 pounds, the treating provider reported on that date. The applicant's failure to return to work, and difficulty performing activities of basic as lifting article weighing greater than 5 pounds outweighed the low-grade reduction in pain scores from 8 to 9/10 without medications to 7/10 with medications. Therefore, the request was not medically necessary.