

Case Number:	CM15-0216809		
Date Assigned:	11/06/2015	Date of Injury:	12/15/2005
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

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 53 year old, male who sustained a work related injury on 12-15-05. A review of the medical records shows he is being treated for neck, left shoulder and left arm pain. In the progress notes dated 8-20-15 and 10-15-15, the injured worker reports neck, left shoulder and left arm pain. He rates his pain level as 3-4 out of 10 with medications. Without medications, his pain level is a 9-10 out of 10. He uses medical marijuana with benefit. He states "medications are working well." With the current medications, "his pain symptoms are adequately managed." Upon physical exam dated 10-15-15, he has tenderness noted at the left coracoid process, glenohumeral joint and subdeltoid bursa. He has decreased left shoulder range of motion. He has limited and painful cervical range of motion. Treatments have included left shoulder surgery, medications, physical therapy "a long time ago" not helpful, trigger point injections, and warm showers. Current medications include Norco, Neurontin, Amlodipine, Atorvastatin, Hydralazine, Metoprolol, Hydroxyzine and Nortriptyline. He has been taking Norco since at least May 2015. There has not been much changed in pain levels or improvements in functional capabilities. He is not working, retired. The treatment plan includes requests for continuing Norco and Neurontin. The Request for Authorization dated 10-15-15 has requests for Norco and Gabapentin. In the Utilization Review dated 10-21-15, the requested treatment of Norco 10-325mg. #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 12-15-05. The medical records shows indicates the worker is being treated for neck, left shoulder and left arm pain. The diagnosis include pain in unspecified shoulder, cervicgia, Treatments have included left shoulder surgery, medications, physical therapy , trigger point injections, and warm showers. Current medications include Norco, Neurontin, Amlodipine, Atorvastatin, Hydralazine, Metoprolol, Hydroxyzine and Nortriptyline. He has been taking Norco since at least May 2015. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than two weeks in the treatment of shoulder injuries, but the records indicate the injured worker has been using opioids for several months without overall improvement. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; but the records indicate the injured worker is not being properly monitored. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Therefore this request is not medically necessary.