

Case Number:	CM15-0031521		
Date Assigned:	02/24/2015	Date of Injury:	07/02/2007
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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 a represented 68-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 2, 2007. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve requests for Norco and a topical compounded medication. A January 7, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On October 16, 2014, the applicant reported persistent complaints of shoulder pain. The applicant was given diagnoses of shoulder arthritis and rotator cuff tear. Permanent work restrictions were renewed. The applicant had not worked since 2012 with said limitations in place. The applicant had undergone multiple failed shoulder surgeries. The applicant's medication list was not detailed. The applicant was not working with previously imposed limitations, the attending provider reiterated in several sections of the note. On December 26, 2014, the applicant was again asked to continue previously imposed permanent limitations. A limited shoulder range of motion was noted. Once again, it was acknowledged that the applicant was not working. No discussion of medication efficacy transpired on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #40 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-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 of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work, it was acknowledged and had apparently not worked since several years since 2012, despite ongoing Norco usage. The attending provider's progress notes contained little-no-discussion of medication efficacy and did not outline any quantifiable decrements in pain or material improvements in function effected as result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Compound Topical DKGLH (Diclofenac 10%, H-ketamine 10%, Gabapentin 10%, Lidocaine 5%, Hyaluronic Acid) #150 gm Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the topical compounded diclofenac-ketamine-gabapentin-lidocaine-hyaluronic acid compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.