

Case Number:	CM15-0035281		
Date Assigned:	03/03/2015	Date of Injury:	06/11/2013
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 43-year-old male who reported an injury on 06/11/2013. The mechanism of injury was not stated. The current diagnoses include left shoulder impingement with rotator cuff strain, bicipital tendonitis, and acromioclavicular joint inflammation. The injured worker presented on 01/30/2015 for a follow up evaluation regarding persistent left shoulder pain. Upon examination, there was tenderness along the bicep tendon with increased sensitivity, abduction to 120 degrees, and weakness with external and internal rotation, as well as abduction. Recommendations included continuation of Norco 10/325 mg, Motrin 800 mg, and Protonix 20 mg. The injured worker was also issued prescriptions for Flexeril 7.5 mg, Nalfon 400 mg, and gabapentin 600 mg. A Request for Authorization form was then submitted on 01/30/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #60 (next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodoin Xodol, Zydone, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is no frequency listed in the request. As such, the request is not medically appropriate.

Motrin 800mg, #60 (next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil, generic available), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line after acetaminophen. In this case, there was no documentation of an acute exacerbation of chronic pain or a failure of first line treatment with acetaminophen. Guidelines do not support long term use of NSAIDs. There was no frequency listed in the requested. As such, the request is not medically appropriate.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity has not been established in this case. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin has been recommended for neuropathic pain. There was no evidence of neuropathic pain upon examination. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.