

Case Number:	CM15-0035419		
Date Assigned:	03/03/2015	Date of Injury:	01/24/2001
Decision Date:	04/10/2015	UR Denial Date:	02/07/2015
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

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 63 year old male, who sustained an industrial injury on 1/24/01. He has reported pain in the right shoulder and elbow. The diagnoses have included chronic right shoulder pain, right shoulder impingement, right shoulder internal derangement and left shoulder impingement. Treatment to date has included right shoulder MRI, rotator cuff repair, physical therapy and oral medications. As of the PR2 dated 1/13/15, the injured worker reports bilateral shoulder pain that is worse on the left. The treating physician noted decreased range of motion in all direction due to pain and positive Hawkins sign in the left shoulder. The treating physician requested Norco 10/325mg #30, Flector patches #60 x 2 refills and Norco 10/325mg #30 x 3 refills. On 2/7/15 Utilization Review non-certified a request for Flector patches #60 x 2 refills and Norco 10/325mg #30 x 3 refills and modified a request for Norco 10/325mg #30 to Norco 10/325mg #15. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/17/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #30, Flector patches #60 x 2 refills and Norco 10/325mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #30 is not medically necessary.

Flector patches #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Flector patches #60 with two refills is not medically necessary.

Norco 10/325 mg #30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325 mg #30 with three refills is not medically necessary.