

Case Number:	CM15-0046226		
Date Assigned:	03/18/2015	Date of Injury:	03/27/2007
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 3/27/2007. He reported right shoulder pain while lifting a beam. The injured worker was diagnosed as having re-tear of the right rotator cuff, right shoulder derangement and contusion, right shoulder degenerative joint disease, cervical disc protrusion and cervical foraminal stenosis. Treatment to date has included surgery, therapy and medication management. Currently, a progress note from the treating provider dated 1/16/2015 indicates the injured worker reported right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

Decision rationale: MTUS recommends urine drug screening in order to monitor medication compliance and detect aberrant behavior. A prior physician review concludes that since opioids were recommended for taper and D/C, drug testing is not necessary. However, it would be appropriate to monitor patient compliance with a drug taper and check for other medications while the drug taper is in progress. Thus, this request is medically necessary.