

Case Number:	CM15-0051613		
Date Assigned:	03/25/2015	Date of Injury:	09/19/2008
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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 49-year-old male who reported an injury on 02/19/2006. The mechanism of injury was not stated. The current diagnoses include shoulder strain and cervical sprain. The injured worker presented on 01/21/2015, for a follow-up evaluation, with complaints of persistent pain. The injured worker was status post a shoulder surgery on 05/01/2012. Twenty four sessions of physical therapy were recently completed. The injured worker had poor function and mobility with regard to the left shoulder. The current medication regimen includes gabapentin, Norco, OxyContin, and Lidoderm patch. The injured worker also utilizes a TENS unit. Upon examination, there was limited range of motion of the left shoulder, with 2+ crepitus and tenderness to palpation. Recommendations included continuation of the current medication regimen, as well as a neurosurgical consultation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 percent #60 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. In addition, it is noted that the injured worker is currently utilizing a Lidoderm patch. There is no indication that this injured worker is utilizing a flector patch. Therefore, the request is not medically necessary.

Oxycontin 40mg #60: Upheld

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

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

Decision rationale: The 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 since at least 11/2014. There is no documentation of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically necessary.

Norco 10/325mg #0: Upheld

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

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

Decision rationale: The 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 since at least 11/2014. There is no documentation of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically necessary.

Neurontin 600mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs/anti-convulsants.

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

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. Given the above, the request is not medically necessary.