

Case Number:	CM15-0081613		
Date Assigned:	05/04/2015	Date of Injury:	06/30/2008
Decision Date:	06/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old female patient who sustained an industrial injury on 06/30/2008. A recent primary treating office visit dated 04/09/2015 reported the patient with current subjective complaint of increased pain rated a 7 out of 10 in intensity and states it is constant. Her left shoulder is with constant dull, burning pain. Medications consist of: Norco 10/325mg, Robaxin, and Gabapentin 600mg. She also noted using Voltaren prescribed by another provider. There has been no new diagnostic testing since the last visit. The following diagnoses are applied: left shoulder adhesive capsulitis, cervical and lumbar degenerative disc disease, and bilateral knee osteoarthritis. She reports having difficulty obtaining medications. The plan of care involved: prescribing Norco, Robaxin, and Gabapentin; the patient will follow up in one month. Another follow up visit dated 09/30/2014 reported the impression as improved adhesive capsulitis, left shoulder; advanced glenohumeral joint osteoarthritis of left shoulder, and history of a chronic rotator cuff tear present since 2008. There was subjective complaint of stating she received some relief from the injection to the left shoulder. She has completed a course of therapy. The plan of care involved: continuing with home exercise program, and follow up with pain management. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg #120 is not medically necessary.