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| Case Number: | CM14-0116811 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/08/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38-year-old male who has submitted a claim for right shoulder strain and right shoulder degenerative joint disease associated with an industrial injury date of July 8, 2012. Medical records from 2014 were reviewed. The patient complained of right shoulder pain. He was treated surgically and received aggressive rehabilitation process which did not improve his symptoms. He was still in no activity and taking the pain medications which are helping in activities of daily life. Physical examination showed well-preserved muscle bulk, joint contours, coordination, strength, and sensation of the right shoulder. MRI of the right shoulder, dated April 16, 2014, revealed supraspinatus tendinosis with bursal-sided fraying, and posterosuperior glenoid labral tear. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and right elbow lateral extensor fasciotomy, right radial nerve decompression, and right shoulder arthroscopic surgery. Utilization review, dated June 27, 2014, denied the requests for Norco and Naproxen because the quantity was not specified; and denied the request for post-op appointments with Global Period with Fluoroscopy qty 4.00 because the CA MTUS and Official Disability Guidelines are silent on this specific issue and there was no documented medical necessity for it.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Norco (quantity not given): 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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since at least January 2014. The patient claims that the pain medications help his activities of daily living. However, measures of analgesia and functional improvements such as improvements in activities of daily living which were specific for Norco were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request failed to specify the dosage and quantity to be dispensed. Therefore, the request for Norco (quantity not given) is not medically necessary.

2. Naproxen (quantity not given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been prescribed Naproxen since at least January 2014. Long-term use is not recommended. In the recent clinical evaluation, the patient still complains right shoulder pain. The medical records submitted did not document pain relief and functional improvement with naproxen use. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. Moreover, the present request failed to specify the dosage and quantity to be dispensed. Therefore, the request for Naproxen (quantity not given) is not medically necessary.

3. Four post op appointments with global period with fluoroscopy qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient previously underwent right shoulder arthroscopy with arthroscopic capsulorrhaphy on July 11, 2014. So far he has undergone 2 post-operative follow-up visits. The patient will need careful follow-up to assess for treatment response. However, the rationale for a global period with fluoroscopy was not provided. It was likewise not clear what was being requested. The medical necessity has not been established because some part of the request was not clear. Therefore, the request for Four Post Op Appointments with Global Period with Fluoroscopy qty: 4 is not medically necessary.