

Case Number:	CM14-0133640		
Date Assigned:	08/27/2014	Date of Injury:	02/10/2010
Decision Date:	09/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation and Pain 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 injured worker is a 62-year-old male who reported an injury on 02/10/2010. The mechanism of injury was noted to be moving and catching a barrel. His diagnoses were noted to be right shoulder impingement with multiple secondary contractures. Prior treatment was noted to be medications and therapy. The injured worker was noted to have diagnostic imaging studies. Pertinent surgical information includes right shoulder arthroscopy. A clinical evaluation on 08/13/2014 notes the injured worker with subjective complaints of right shoulder pain. The physical exam findings indicate pain with range of motion of the cervical spine. The upper extremity neuro exam showed symmetric bulk, tone and strength. Reflexes: triceps, trace right, 1 plus left; biceps 2 plus; and brachioradialis 1 plus, symmetric. Sensation tested with light touch was intact throughout. The treatment plan was for an injection. Medications were reviewed and reconciled with patient. The Request for Authorization form was not noted within the documentation submitted for review. The provider's rationale for the request was also not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 #30 (prescribed 08/04/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for Norco 5-325 #30 (prescribed 08/04/2014) is not medically necessary. The most recent clinical evaluation submitted near the prescribed date for Norco was 08/13/2014. This indicated an inadequate pain assessment. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The 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. In addition to the guidelines recommendations for opioid management, the request fails to indicate a dosage frequency. As such, the request for Norco 5-325 #30 (prescribed 08/04/2014) is not medically necessary.