

Case Number:	CM14-0165867		
Date Assigned:	10/10/2014	Date of Injury:	05/16/2000
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional 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 77 years old male with an injury date on 05/16/2000. Based on the 09/09/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Left shoulder scapular 2. Chronic pain- better post 3. Injection- adhesive capsulitis left shoulder According to this report, the patient present with left shoulder pain that is better from recent injection. Pain level of the left shoulder is a 6/10, "Norco decrease pain to 3/10." Objective findings indicate "aching abduction left arm greater than 45 degree...bicep muscle It in lower distal elbow-may have had tear bicep tendon." The 06/16/2014 report indicates patient pain level is a 6/10 with medication. "Bone density came our normal." Patient is to return to modified work with no lifting over 35 pounds, overhead, reaching, pulling. There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS)CRITERIA FOR USE OF OPIOIDS (MTUS pgs CRITERIA FOR USE OF.

Decision rationale: According to the 09/09/2014 report by [REDACTED] this patient presents with left shoulder pain that is better from recent injection. The physician is requesting Norco 10/325MG #240. Norco was first mentioned in the 02/12/14 report; however, the physician indicates that the "patient has been on Hydrocodone/ Acetaminophen for nearly 2 decades to control his is chronic pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.