

Case Number:	CM14-0087281		
Date Assigned:	07/23/2014	Date of Injury:	08/23/2011
Decision Date:	09/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 41 year old male who is reported to have sustained work related injuries to his right shoulder on 08/23/11. The injured worker failed conservative care and he subsequently was taken to surgery and underwent a left shoulder arthroscopy. Postoperatively the injured worker appears to have done very well. Per clinical note dated 04/30/14, it is noted that he continues to have pain in the left shoulder which is aggravated with repetitive activities. However, on physical examination he has full active range of motion which is symmetric with the opposing shoulder. The injured worker is noted to have some increasing pain after 160 degrees of abduction. Impingement test is negative. Hawkins and Neer's tests are negative. Rotator cuff strength is equal in both arms and graded as 5/5. The injured worker subsequently was provided an intramuscular injection of Ketorolac 30 mg. The injured worker additionally was provided prescriptions for Norco 10/325 mg and Klonopin 0.5 mg. The record contains a utilization review determination dated 05/30/14 in which requests for Norco 10/325 mg #60 with no refills, Ketorolac 30 mg intramuscular x 1, and Klonopin 0.5 mg #30 with no refills were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG #60 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has undergone right shoulder arthroscopy secondary to a workplace event. The injured worker has undergone postoperative rehabilitation and has normal range of motion on physical examination. He is noted to have some pain past 160 degrees. There is no data contained in the record which would indicate that the injured worker would require continued opioid analgesia. As such, the medical necessity for the continued use of Norco 10/325 is not established.

KETOROLAC 30MG Intramuscular x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The injured worker had subjective complaints of left shoulder pain not wholly supported by physical examination. There is no indication of osteoarthritic conditions or increasing pain for which this medication would be clinically indicated. As such, the medical necessity is not established.

KLONOPIN 0.5MG #30 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The submitted clinical records indicate that the injured worker has mild postoperative pain. He has undergone a course of rehabilitation and has symmetric shoulder range of motion. There is no clinical indication documented in the medical record for the use of Klonopin 0.5 mg. As such, the medical necessity is not established.