

Case Number:	CM14-0091595		
Date Assigned:	07/25/2014	Date of Injury:	11/10/2012
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 and is licensed to practice in Illinois. 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 48 year old male who reported a date of injury of 11/10/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of residual right shoulder pain, right elbow pain/strain. Prior treatments included physical therapy and right shoulder gadolinium joint injection on 06/18/2014. The injured worker had an MRI in 2013 and June 2014. Surgeries included right shoulder decompression and rotator cuff repair on 11/07/2013. The injured worker presented with complaints of right shoulder pain with weakness and stiffness as well as problems sleeping. The clinical note dated 04/14/2014 indicated the injured worker had right shoulder had pain. The injured worker's range of motion demonstrated flexion was 95 degrees and abduction was 80 degrees. Right elbow strength and grip strength were weak. The physician prescribed Norco and Valium. The 06/25/2014 clinical note indicated the injured worker's range of motion to the right shoulder demonstrated flexion to 90 degrees, abduction to 80 degrees, and extension to 20 degrees. The injured worker had positive Impingement and Hawkin's tests and grip strength was 76lbs on the right and 102 lbs on the left. The physician's treatment plan included recommendations for an MRI arthrogram of the right shoulder and continuation of medications. The rationale and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 7.5/325mg #60 is not medically necessary. The injured worker had complaints of right shoulder pain with weakness and stiffness and problems sleeping. The California MTUS guidelines recommend ongoing review with 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, there is a lack of documentation the injured worker had failed non-opioid medications. There is a lack of documentation indicating when the injured worker last underwent a urine drug screen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 5mg #30 is not medically necessary. The injured worker had complaints of right shoulder pain with weakness and stiffness and problems sleeping. The California MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develop rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. There is a lack of documentation the injured worker was using an antidepressant or documentation of the injured workers functional improvement while utilizing Valium. Per the documentation the injured worker has been prescribed this medication since at least 04/2014. Therefore, the continued use of this medication would exceed the guideline recommendation for a short course of treatment. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

