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| Case Number: | CM14-0213498 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 10/24/2012 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female with a 10/24/12 date of injury. She developed pain in her left shoulder and neck related to repetitive trauma while stocking merchandise and bringing boxes down from overhead racks. According to a progress report dated 11/6/14, she rated her cervical spine and lumbar spine pain at 6/10, left shoulder pain at 7-8/10, and right shoulder pain at 2/10. She has been taking Norco, Flexeril, omeprazole, and ranitidine and reported improvement in her pain level from 8/10 to 4/10 after taking medications. The pain was made worse with activities such as movement, lifting above shoulder, lying on the left shoulder, and prolonged driving. Objective findings: tenderness of cervical spine with hypertonicity in the left trapezius muscle, limited cervical spine range of motion, tenderness in the midline of lumbar spine, limited lumbar spine range of motion, tenderness and hypertonicity in both paraspinal musculatures, positive Hawkins and Neer's of left shoulder, limited range of motion of left shoulder. Diagnostic impression: left shoulder partial rotator cuff tear, status post left shoulder arthroscopic decompression, chronic cervical strain, chronic lumbar strain. Treatment to date: medication management, activity modification, surgery, and physical therapy. A UR decision dated 11/21/14 denied the request for Norco. There was no indication of any significant overall functional improvement and there was no mention that the associate had not returned back to work and was to remain temporarily totally disabled. There was also no clear detail provided why opioid weaning is not in the treatment plan and whether the associate's pain coping skills have ever been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of objective functional improvement from opiate use. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325 mg #90 for the left shoulder was not medically necessary.