

Case Number:	CM14-0217159		
Date Assigned:	01/07/2015	Date of Injury:	05/02/2014
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 30 year old male who sustained a work related injury May 2, 2014. A doctor's first report of occupational illness or injury dated May 7, 2014, reveals the injured worker presented with dull right shoulder pain. Examination noted acromioclavicular joint tenderness, subdeltoid region tenderness, and trapezius, deltoid and upper extremity muscle tenderness. There was decrease range of motion of the right shoulder; dropped arm and impingement sign positive. Treatment included x-rays, pending MRI request, heat pack, arm sling and prescribed medications. Return to work was documented with restrictions; no use of right hand, wear splint, and limit lift/push/pull to 10 pounds. An MRI performed May 9, 2014(present in medical record), reveals moderate supraspinatus and infraspinatus tendinosis; moderate subscapularis tendinosis with superimposed low grade intrasubstance type tearing; edema within the distal clavicle out of proportion to the acromion and possible altered signal within the posterior labrum. On July 28, 2014, the injured worker underwent a video arthroscopy of the right shoulder; arthroscopic debridement of a partial anterior, superior labral tear of the right shoulder, subacromial decompression of the right shoulder and debridement of a partial rotator cuff tear; and a distal clavicle resection, arthroplasty of the right clavicle. According to a physician's progress report dated October 28, 2014, the injured worker returned to the office complaining of occasional moderate to severe pain which has improved. He completed 12 sessions of physical therapy with slow progressive improvement and is currently performing a home exercise program. The grip strength in three successive trials is documented; right hand 45/50/70 pounds and left hand 90/75/100 pounds. Physical examination of the right shoulder

reveals range of motion; abduction 165 degrees; flexion 170 degrees; internal rotation 75 degrees; external rotation 80 degrees; adduction and extension 20 degrees. There is pain noted over the AC joint. Diagnosis is documented as; right shoulder impingement syndrome with a partial rotator cuff tear and anterior superior labral tear; s/p surgery as documented 7/28/2014. Treatment plan included renewal of Norco and ibuprofen, and continuation of the home exercise program. Work status is documented as modified duties at work with no lifting, pushing or pulling greater than 25 pounds, no overhead work, and limited use of his right upper extremity. According to utilization review performed December 9, 2014, Norco (Hydrocodone/APAP) 10/325mg #60 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids; recommendations do not support the request to be one of medical necessity, as the submitted evidence does not provide any data to indicate that utilization of prescription medications significantly enhances functional capabilities. As a result, medical necessity is not established. Ibuprofen 800mg # 60 with 1 refill on 10/28/2014 and 1 refill on 11/24/2014 are non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines; NSAID'S are generally recommended that the lowest dose be used, for the shortest duration of time, consistent with individual patient treatment goals. The present request does not meet established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #60 with a dos of 10/28/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain (except for short use for severe cases, not to exceed 2 weeks.) The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325 mg #60 is not medically necessary.

Retrospective request for Ibuprofen 800 mg #60 with a dos of 10/28/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/ Ibuprofen Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Ibuprofen 800mg, #60 is not medically necessary.

Refill of Ibuprofen 800 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/Ibuprofen Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Ibuprofen 800mg, #60 is not medically necessary.