

Case Number:	CM15-0176580		
Date Assigned:	09/16/2015	Date of Injury:	11/30/2012
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida, California

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 48 year old male who sustained an industrial injury on 11-30-2012. A review of medical records indicated the injured worker is being treated for other specified disorders of bursae and tendons in shoulder region right, osteoarthritis, localized primary shoulder region right, superior glenoid labrum lesion right. Medical records dated 4-8-2015 indicates right shoulder pain. Physical examination noted tenderness over the ac joint. Forward flexion was 165 degrees, external rotation was 60 degrees, abduction external rotation was 90 degrees, and abduction internal rotation was 60 degrees. There was joint crepitus. Treatment has included physical therapy, injection, and medications (Norco since at least 4-8-2015). MRI of the right shoulder dated 9-25-2014 revealed mild subacromial bursitis, significant joint inflammation and subchondral cysts in the distal clavicle. No rotator cuff tear or signs of muscle atrophy. There is a degenerative SLAP tear with a small spino glenoid cyst. The Utilization review form dated 8-13-2015 non-certified Norco 10-325 mg # 120 and Baclofen 25 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This claimant was injured in 2012 for right sided disorders of bursae and tendons in the shoulder region, osteoarthritis, localized primary shoulder region right, superior glenoid labrum lesion right. As of April, there was still right shoulder pain and tenderness over the ac joint. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Baclofen 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: As shared, this claimant was injured in 2012 for right sided disorders of bursae and tendons in the shoulder region, osteoarthritis, localized primary shoulder region right, superior glenoid labrum lesion right. As of April, there was still right shoulder pain and tenderness over the ac joint. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately not medically necessary under MTUS criteria.