

<b>Case Number:</b>	CM15-0063303		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 67-year-old male sustained an industrial injury on 8/8/07. He subsequently reported shoulder pain. Diagnoses include status post right shoulder surgery and chronic left shoulder pain. Treatments to date have included MRI, x-rays, physical therapy, surgeries and prescription pain medications. The injured worker continues to experience bilateral shoulder pain. A request for Norco, Relafen and Zolofit medications was made by the treating physician.

### 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 Treatment Guidelines Opioids and Weaning of Medications Page(s): (s)78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

**Decision rationale:** The patient is a 67-year-old male with an injury on 08/08/2007. He had right shoulder pain and had arthroscopic right shoulder surgery. He has chronic bilateral shoulder

pain. MTUS, Chronic Pain guidelines for on-going opiate treatment requires objective documentation of improved ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet the above criteria and long term opiate treatment is not medically necessary.

**Relafen 750mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** The patient is a 67-year-old male with an injury on 08/08/2007. He had right shoulder pain and had arthroscopic right shoulder surgery. He has chronic bilateral shoulder pain. MTUS, chronic pain guidelines note that NSAIDS should be used at the lowest dose for the shortest period of time. NSAIDS are associated with an increased risk of GI bleeding, cardiovascular disease, renal disease, liver disease and decrease soft tissue healing. Relafen 120 tablets are not medically necessary for this patient.

**Zoloft 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** The patient is a 67-year-old male with an injury on 08/08/2007. He had right shoulder pain and had arthroscopic right shoulder surgery. He has chronic bilateral shoulder pain. There is no documentation that the patient has neuropathic pain. MTUS, chronic pain guidelines note that the role of selective serotonin reuptake inhibitors in the treatment of chronic pain is controversial based on controlled trials. MTUS notes that more information is needed regarding this group of drugs and pain. Zoloft is not medically necessary.