

Case Number:	CM15-0075243		
Date Assigned:	04/27/2015	Date of Injury:	12/06/1999
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male/female, who sustained an industrial injury on 12/06/1999. He reported a "pop" in the right shoulder and developed pain in the neck and bilateral shoulders. Diagnoses include status post right shoulder surgery in 2003 and 2006, cervical disc herniation with radiation to bilateral upper extremities, left shoulder pain with rotator cuff tear, and right shoulder pain. Treatments to date include medication therapy, chiropractic therapy. Currently, he complained of neck and shoulder pain with radiation to left upper extremity associated with weakness and numbness and tingling. On 2/17/15, the physical examination documented tenderness and decreased range of motion of the cervical spine. The left shoulder was significant for impingement maneuvers. The documentation indicated there was surgery scheduled for mid-March 2015 for repair of the left shoulder. The plan of care included continuation of medication therapy.

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85.

Decision rationale: This 52 year old male has complained of right shoulder and neck pain since date of injury 12/6/99. He has been treated with surgery, physical therapy and medications to include opioids since at least 05/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 52 year old male has complained of right shoulder and neck pain since date of injury 12/6/99. He has been treated with surgery, physical therapy and medications. The current request is for Lunesta. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this medication thus far. On the basis of this lack of documentation, lunesta is not indicated as medically necessary.