

Case Number:	CM15-0076812		
Date Assigned:	04/28/2015	Date of Injury:	05/16/2013
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 32-year-old male who sustained an industrial injury on 05/16/2013. Diagnoses include status post open reduction internal fixation of proximal ulna done on 05/15/2013, status post dislocation of the radial head, acromioclavicular joint separation of the left shoulder, rule out internal derangement of the left shoulder, adhesive capsulitis-left shoulder-status post left shoulder decompression, distal clavicle resection, labral and cuff debridement. Treatment to date has included diagnostic studies, medications, physical therapy, and cortisone injections. The most recent physician progress note dated 01/30/2015 documents the injured worker is 3 ½ months status post left shoulder decompression, distal clavicle resection, and cuff and labral debridement done on 10/08/2014. He has limited range of left shoulder motion with 0 to 145 active forward flexion, forward elevation and abduction. He has external rotation 60 degrees, internal rotation 20 degrees with the left shoulder abducted 90 degrees. Treatment requested is for Norco 10/325 mg, 120 count, Sonata 10 mg, thirty count, and Voltaren XR 100 mg, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: 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 Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards to justify long-term prescriptions and use of opioid medications. These standards include careful documentation of use patterns, the amount of pain relief, how long pain relief lasts, functional benefits as a result of use and monitoring for drug related aberrant behaviors. These standards are not met. No meaningful pain relief is reported as a result of opioid use. It is clearly documented that there is no daily exercise and no functional improvements as a result of opioids. Under these circumstances, the Norco 10/325mg #120 is not supported by Guidelines and is not medically necessary.

Voltaren XR 100 mg, thirty count: Overturned

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 NSAIDs Page(s): 67,68.

Decision rationale: MTUS Guidelines support the use of NSAIDs for conditions associated with chronic inflammation. This patient has medical diagnosis(s) that are associated with chronic inflammation. It is not clear how much benefit is being realized by the Voltaren, but the standards of documentation for NSAIDs are not extensive as recommended for opioids. The Voltaren XR 100mg thirty counts is supported by Guidelines and is medically necessary.

Sonata 10 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Insomnia Medications.

Decision rationale: MTUS Guidelines do not address the issue of medications for insomnia. ODG Guidelines address this issue in great detail and support the use of medications for insomnia associated with chronic pain. However, the Guidelines do not support the long-term use of Sonata (greater than 10 days) due to habituation risks as it works on the same receptors as benzodiazepines. There are other alternative hypnotic medications that Guidelines support for long-term use. There are no unusual circumstances to justify an exception to Guidelines. The Sonata 10mg, thirty count is not supported by Guidelines and is not medically necessary.