

Case Number:	CM15-0076817		
Date Assigned:	04/28/2015	Date of Injury:	05/15/2013
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
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: 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:

The injured worker is a 33 year old male, who sustained an industrial injury on 5/15/13. The injured worker has complaints of left shoulder pain. The diagnoses have included left elbow and forearm status post proximal ulna open reduction internal fixation; left shoulder periscapular impingement, as per magnetic resonance imaging (MRI) scan dated 12/26/14, supraspinatus tendinitis and fraying with chronic glenohumeral osteoarthritis and infraspinatus tendinitis. Treatment to date has included magnetic resonance imaging (MRI); injections; left shoulder arthroscopy on 10/8/14; physical therapy and voltaren; prilosec; norco and sonata. The request was for norco 10/325mg #120; voltaren XR 100mg #30; sonata 10mg #3 and sonata 10mg #30.

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: Upheld

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

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

Decision rationale: The patient is a 33 year old male with an injury on 05/15/2013. He had a left ulna open reduction internal fixation. On 10/08/2014 he had left shoulder arthroscopic surgery. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the 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 does not meet these criteria, therefore, the request is not medically necessary.

Voltaren XR 100 mg #30: Upheld

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

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

Decision rationale: The patient is a 33 year old male with an injury on 05/15/2013. He had a left ulna open reduction internal fixation. On 10/08/2014 he had left shoulder arthroscopic surgery. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Sonata 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines insomnia, NSAIDS, GI symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sonata FDA approved package insert.

Decision rationale: The patient is a 33 year old male with an injury on 05/15/2013. He had a left ulna open reduction internal fixation. On 10/08/2014 he had left shoulder arthroscopic surgery. The requested Sonata is not medically necessary. While the sleep latency may be decreased with the use of Sonata, it had a short duration and there was no consistent difference from placebo in the actual number of hours of sleep or in the number of awakenings during sleep.