

Case Number:	CM15-0079815		
Date Assigned:	04/30/2015	Date of Injury:	02/25/2008
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 2/25/2008. The mechanism of injury is unclear. The injured worker was diagnosed as having rotator cuff sprain/strain. Treatment to date has included medications, urine drug screening, x-rays. The request is for interferential unit and supplies 30-60 day rental or purchase, and Norco. On 3/23/2015, he had continued left shoulder pain. The treatment plan included: interferential unit, cortisone injection, and Norco. The records indicate he has been utilizing Norco since at least December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies, 30 to 60 day rental or purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention according to the CA MTUS. According to the ODG, ICS is not supported as an effective treatment option. MTUS guidelines do support ICS therapy as a trial when pain is not effectively treated with medications or the patient is a substance abuser. In this case, there is no documentation of medication failure or substance abuse. The patient is not participating in a functional restoration program. The request is thus not medically necessary.

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-95.

Decision rationale: The request is for Norco 10/325 mg #60 for chronic shoulder pain. The patient has been prescribed opioids for approximately 6 months. The patient injured his shoulder in 2008. MTUS guidelines state that opioids are recommended for moderate to moderately severe pain. There is no documentation of severe pain in this patient. The records submitted do not indicate that the patient is receiving functional benefit from this opioid. The records do not demonstrate an appropriate pain assessment. There is no documentation of pain relief, functional status, appropriate medication use and side effects. Opioids are generally not recommended for chronic use. The opioids have provided no improved function or improved quality of life, therefore are not medically necessary at this time.