

Case Number:	CM15-0099972		
Date Assigned:	06/02/2015	Date of Injury:	05/28/2009
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 who sustained an industrial injury on May 28, 2009. He has reported left shoulder pain. Diagnoses include right shoulder pain status post-operative fixation and left shoulder pain. Treatment has included medications, medical imaging, surgery, and physical therapy. Objective findings note there were focal points of tenderness along the superior aspect of the left trapezius muscle. The injured worker appeared to be in no acute distress. The rest of the examination was noted as unchanged. The treatment request included Norco and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #90 for DOS 5/4/15 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Norco is a short acting opioid combined with acetaminophen. MTUS Guideline recommendations for opioids for chronic pain state, "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Therefore, the above listed issue is considered not medically necessary.

Retrospective Motrin/Ibuprofen 800mg #90 for DOS 5/4/15 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 203, Chronic Pain Treatment Guidelines Ibuprofen, NSAID's Page(s): 51, 67-71.

Decision rationale: This is a review for the requested Ibuprofen 800mg #90. Ibuprofen is a non-steroidal anti-inflammatory drug or NSAID. It is typically used to treat pain related to inflammation or osteoarthritis. In general, NSAIDs are recommended per MTUS guidelines with precautions for patients with GI symptoms or cardiovascular risk. MTUS Guidelines do not recommend one NSAID over another and as a second line treatment for acute exacerbations of chronic pain. Ibuprofen is recommended for pain flairs-ups and this patient does have documented evidence of exacerbation of pain. In addition, NSAIDs appear superior to acetaminophen in patients with moderate to severe pain. This patient's pain is reported to be moderate to severe. Therefore, the above listed issue is considered to be medically necessary.