

Case Number:	CM13-0013702		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2006
Decision Date:	07/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 6/10/2006. Mechanism of injury described as bilateral shoulder injury while attempting to catch a large piece of falling dry wall. Patient has a diagnosis of bilateral shoulder pain, chronic low back pain, chronic cervical pain, pars interarticularis fracture, L3-4 disc protrusion/disc herniation and post R shoulder surgery from rotator cuff tear(3/6/12). Patient also has diagnosis of depression. Medical records from primary treating physician and consultants were reviewed. Reports were provided until 5/5/14. Since the original UR was requested on 7/11/13, records were only reviewed until 9/5/13 since prospective data does not retrospectively change the criteria needed to meet MTUS guidelines at the original time of UR request. Multiple PR2 reports have the same complaint, same limited exam and same treatment plan. There is no noted pain scale documented in any report. There is no noted activity daily living(ADL) noted by the requesting physician. The last detailed report with appropriate pain scale, ADL and physical exam was from Panel Qualified Medical Evaluation physician report from 4/19/13. At time of UR request, patient was complaining of neck pain and pain in both shoulders. Also has lower back pains. On medications. Not working at that time. Objective exam reveals limited range of motion(ROM) of neck, especially lateral flexion. Lumbar ROM is also limited in all planes. Tenderness in paracervical muscles from C2-T1. Parathoracic pain from T1-T7 and Paralumbar pain from L2-S1. L shoulder exam has limited extension to less than 5degrees. Positive Hawking and Neer test. R rotator cuff tenderness noted. MRI of lumbar spine(8/30/10) reveals small L sided lateral recess extending L3-4 disc protrusion/contained disc herniation. Anterior spondylosis of L5 on S1. Pre-surgical MRI of L shoulder(10/20/10) shows supraspinatus tendinitis. No tear. Fluid collection in subcoracoid bursa. MRI of R shoulder(10/20/10) shows partial rotator cuff tear. No post-operative imaging was provided.No medication list was provided. Only medication ever listed on treating physician's reports are

Norco, paxil and atarax. Patient has been on Norco since 3/2012. The documentation shows the same 120tablets being refilled every month. There is no mention of prior treatment. There is some mention of prior physical therapy but results of PT is not documented.Utilization review is for medication norco. Review of records show prescription is for Norco 10/325mg one tablet every 6hours #120tablets with no refills. Prior UR on 8/6/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Norco.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids Page(s): 76-79.

Decision rationale: Review of records clarifies prescription is for Norco 10/325mg one tablet every 6 hours #120 tablets with no refills. Norco is a combination medication containing hydrocodone, a short acting opioid and acetaminophen an NSAID. MTUS guidelines have specific criteria for recommendation for opioid use in chronic pain. There must be documentation as to actual improvement in pain with the use of the opioid, appropriate medication use, least reported pain, improvement in pain after taking the opioid and length of relief etc. and the 4 As (Analgesia, activities of daily living, adverse side effects and aberrant drug behavior). Due to lack of any documentation of a proper pain or ADL assessment for chronic opioid therapy and not a single documentation concerning assessment for abuse or side effects, the documentation does not meet any criteria required by MTUS for chronic opioids use for chronic pain. The request for Norco is not medically necessary.