

Case Number:	CM14-0113236		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2011
Decision Date:	09/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old male with an injury date of 05/19/11. Based on 04/28/14 progress report provided by [REDACTED] the patient complains of neck pain with numbness and tingling radiating to the right upper extremity and constant, severe sharp right shoulder pain. Per 06/10/14 progress report, he failed trial of NSAIDs and APAP for the treatment of the chronic pain. Physical Examination :Right Shoulder findings 06/10/14: Tenderness to palpation is present over subacromial region, supraspinatus tendon, acromioclavicular joint. periscapular musculature and posterior muscle. Impingement test and Cross Arm test are positive. Range of motion: Flexion is 120 degrees, extension is 30 degrees, abduction is 105 degrees, adduction is 25 degrees, internal rotation is 60 degrees and external rotation is 70 degrees. There is Grade 4/5 muscle weakness of passive range of motion. Cervical findings 04/28/14 tenderness to palpation with spasm over bilateral paraspinal muscles Axial compression test is positive- decreased range of motion stated- decreased sensation along right upper extremity along C5 and C8 dermatomes MRI Studies: Right Shoulder 12/10/13: shows partial tear of infraspinatus tendon, supraspinatus tendinosis, SLAP tear and 1.6cm synovial cyst or ganglion. Cervical 12/09/13: shows 2mm disc protrusion at C3-C4 and 2mm disc protrusion at C6-C7Diagnosis 04/28/14: Cervical/ trapezial musculoligamentous sprain/strain secondary to compensatory overuse due to right shoulder injury Diagnosis 06/10/14: status post right shoulder arthroscopy and partial release of coracoacromial ligament (November 2011)- partial tear infraspinatus tendon-supraspinatus tendinosis- SLAP tear- 1.6 cm synovial cyst. Per progress report dated 11/20/13, patient states that Norco has decreased pain from 8/10 to 5/10 on the pain scale. Patient reports increased activities of daily living such as dressing and increased performance with home exercise program. He reports no vomiting, constipation, nausea and aberrant behavior. Per

treater's report dated 06/10/14, patient states that Norco has decreased pain from 9/10 to 6/10 on the pain scale. Duration of relief was 3-4 hours. Patient reports ability to perform ADL's, has improved participation in home exercise program and improved sleep. Effects and drug interaction were discussed and request authorization for urine drug screen was placed. ■■■■■ has a prospective request for 1 prescription of Norco 10/325mg #120. The utilization review determination being challenged is dated 06/26/14. The rationale is "no improvement findings as a result of opioid therapy." ■■■■■ is the requesting provider, and he has provided treatment reports from 04/03/13 - 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61, 88,89.

Decision rationale: The patient has neck pain with numbness and tingling radiating to the right upper extremity and severe right shoulder pain. The prospective request is for 1 prescription of Norco 10/325mg #120. Per 06/10/14 progress report, he failed trial of NSAIDS and APAP for the treatment of the chronic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treater's report dated 06/10/14, patient states that Norco has decreased pain from 9/10 to 6/10 on the pain scale. Duration of relief was 3-4 hours. Patient reports ability to perform ADL's, has improved participation in home exercise program and improved sleep. Effects and drug interaction were discussed and request authorization for urine drug screen was placed. Treater report 06/10/14 was an assessment done after progress report dated 11/20/13. Both reports addressed the 4As, as well as "pain assessment" stated in MTUS. Request meets criteria for the use of opioids and is medically necessary.