

Case Number:	CM14-0158431		
Date Assigned:	10/01/2014	Date of Injury:	04/07/2012
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation 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 who had a right shoulder injury on 04/07/2012 secondary to a motor vehicle accident. Prior treatment history has included Mentherm gel and hydrocodone-acetaminophen. He also had 24 sessions of physical therapy which he found to be helpful. The patient underwent a rotator cuff repair of his right shoulder as well as an arthroscopy, synovectomy, bursectomy, acromiale relief, labral repair on 03/10/2014. The patient also had 3 left shoulder surgeries in February, May, and June of 2014. Follow-up report dated 08/18/2014 documented the patient to have complaints of pain in his shoulders with limited range of motion and stiffness. He had more pain along his neck that radiates down the hand and arms along the fourth and fifth digits on the right and left side. On exam, he had limited range of motion with cervical flexion of 40 degrees; extension of 30 degrees; and lateral tilting of 40 degrees bilaterally with pain, right greater than left. There is tenderness to palpation along the rotator cuff and biceps tendons. The patient was diagnosed with cervical, thoracic, and lumbar spine sprain. He was recommended for a cervical traction with air bladder and cervical pillow as well as Norco 10/325 mg which he has been taking since 01/16/2014. Prior utilization review dated 09/08/2014 states the request for 1 cervical traction unit with air bladder is denied as there is a lack of documented evidence to support the request; and 1 prescription of Norco 10/325mg #30 is modified to certify Norco 10/325 mg #22 as the patient has not gained significant improvement on this medication; therefore, the patient must be weaned off the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical traction unit with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Neck, Traction

Decision rationale: Per MTUS/ACOEM guidelines, there is no high grade evidence to support the effectiveness of passive modalities such as traction. It states that the modality may be used on a trial basis as a palliative tool but needs close monitoring with emphasis focusing on functional restoration and return of activities of ADLs. According to the ODG, home cervical patient controlled traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. In this case, there is clinical evidence of cervical radiculopathy. However, there is no documentation that the IW is doing home exercise program. Furthermore, there is no documentation that the requested device will be closely monitored with emphasis focusing on functional restoration. As such, the request is not medically necessary per guidelines.

1 prescription of Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): pages 74-97.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Weaning of Norco was previously recommended. Therefore, the medical necessity for Norco 10/325mg # 30 has not been established based on guidelines and lack of documentation.