MAXIMUS Federal Services

Case Number:	CM14-0020769		
Date Assigned:	05/02/2014	Date of Injury:	08/02/2001
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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:

The patient is a 51-year-old male who has submitted a claim for status post anterior discectomy and fusion at C6-C7, status post right shoulder arthroscopy, cervical discopathy, and cervical facet syndrome associated with an industrial injury date of August 2, 2001.Medical records from 2013-2014 were reviewed. The patient complained of chronic neck pain, rated 6-7/10 in severity. The pain is non-radiating with associated muscle spasm. Pain was increased upon rotation. There was also pain in the low back, 6-7/10 in severity. This was non-radiating, constant, sharp, aching and stabbing. There was bilateral shoulder pain down the arm, 7/10 in severity. This was constant, sharp, aching, stabbing, and throbbing. Physical examination showed cervical spine tenderness over the paraspinal musculature and facet tenderness over C4-C7. Range of motion of the cervical spine was decreased. Shoulder range of motion was limited. Triceps reflex was 1+ bilaterally. MRI of the right shoulder, dated October 15, 2012, revealed moderate tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, lateral down sloping acromion resulting in lateral arch narrowing, and moderate arthropathy of the acromioclavicular joint. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, cervical epidural steroid injection, bilateral trapezius trigger point injections, left shoulder arthroscopic decompression, anterior to posterior C6-C7 arthrodesis, and right shoulder arthroscopic subacromial decompression, distal clavicle resection and debridement of partial thickness undersurface supraspinatus and infraspinatus and labral tears.Utilization review, dated February 12, 2014, denied the request for 1 prescription of Norco 7.5/325 #60 because there was no specific rationale to conclude that an additional trial of Norco will result in an improved outcome, or demonstrate beneficial results. An appeal letter, dated March 24, 2014, stated that pain medications should be incorporated so as to stabilize his

symptoms and allow him to participate in rehabilitative endeavors, such as physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since March 2012 but discontinued them because it caused itching and nausea. Norco was started again on January 30, 2014. According to a progress report dated April 24, 2014, urine drug screen dated March 13, 2014 showed positive for Norco and Acetaminophen. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects, especially with a previous history of itchiness and nausea from the medication. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 7.5/325 #60 is not medically necessary.