

Case Number:	CM14-0023255		
Date Assigned:	05/12/2014	Date of Injury:	06/26/2009
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 claimant is a 51 year old male who was reportedly injured on June 26, 2009. He reported increased pain in his neck and shoulders after working an especially heavy job. He has undergone treatment with medications, physical therapy, chiropractic therapy, surgeries including on rotator cuff tears, facet joint injections and radiofrequency ablations of medial branches of posterior rami (with considerable relief). The injured worker has been on chronic opiate treatment as late as year 2011, based on records provided. Opioids have included morphine and hydrocodone. Per the latest notation on 4/1/2014 from the primary treating provider, the claimant has tried amitriptyline, gabapentin, duloxetine and pregabalin in the past without much improvement and reported side effects. On 4/1/2014, he reports increased pain since he ran out of Vicodin, which was certified on a modified basis for weaning purposes. On further history, it is noted that the claimant has difficulties raising his arms beyond the shoulders, has neck pain around 9-10/10 and complains on intermittent numbness in the left forearm with involvement of the first three digits. On the right, numbness is chronically reported in the forearm with involvement of the 1st and 2nd fingers. On examination, the patient is stated to be in "moderate distress" but this is not substantiated or explored. The sensory deficit of numbness is confirmed on examination, along with local sub-occipital pain that is worse on the left than the right. Motor examination and reflexes are normal or near normal on evaluation. The diagnoses listed are rotator cuff strain / sprain AND chronic pain syndrome. The plan is to refill Norco as it was previously denied in utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The claimant's pain is not well described in clinical notation received. No attempt is made to determine whether the pain is nociceptive, neuropathic, mixed or of unclear origin. While examination and historical information in the clinical note indicates "chronic numbness of forearm with 1st and 2nd fingers" on the right, and "intermittent numbness of forearm and 1st, 2nd and 3rd fingers" of the left upper extremity suggest neuropathic symptoms, many of the documents indicate clearly in diagnoses lists, the lack of "cervical myelopathy/radiculopathy". It is appropriate to use Norco when adequate trials of other non-opioid agents have been accomplished and failed. The documentation provided is very scanty with regard to the medications used previously for this claimant and their efficacy. A slow titration of one of these agents, with a low starting dose, is the appropriate way to wean a patient on opioids chronically, according to the ACOEM Guidelines. Without adequate documentation of the trials of such agents, opiate therapy is not supported.