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| Case Number: | CM14-0069298 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 04/04/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 50 year old male, who was injured on 04/04/12 while loading a truck injuring his right shoulder, neck, right wrist, and upper back. The current diagnoses include chronic pain, cervical radiculopathy, discopathy with foraminal stenosis; bilateral cubital tunnel syndrome, left carpal tunnel syndrome; right shoulder, S/P arthroscopic chondroplasty of the glenoid, rotator cuff debridement, SLAP repair, and subacromial decompression (06/07/13); S/P right carpal tunnel release (01/04/13). Clinical note dated 01/29/14 indicated the injured worker continues to experience pain in his cervical spine and right shoulder. The pain is described as intermittent, generalized in the cervical region area, radiates to the right and left of the midline and varies from dull ache to sharp sensation. The injured worker also indicated his head feels fuzzy. The injured worker also indicated the pain in the cervical region is aggravated by movements of the head and neck with activity. Pain scale was rated as 3/10 on the visual analog scale on the average. With regards to the right shoulder, the injured worker complains of intermittent pain, generalized to about the entire shoulder region, and independent of any cervical pain. The injured worker also indicated the pain is aggravated by heavy lifting and repetitive overload use for activities as pushing or pulling and alleviated by resting and taking medication. The injured worker indicated that pain level is 3/10 on the average, and 4/10 at its worse. On the left side, foraminal compression cause numbness into the hand. Clinical note dated 05/08/14 indicated the injured worker continues to have significant neck pain, right sided shoulder pain with numbness and tingling into many of his fingers bilaterally. Physical examination revealed the injured worker is able to get close to full forward flexion of the right shoulder. Clinical note dated 06/17/14 indicated the injured worker was referred to pain management specialist to manage his pain medications. Clinical note documented the injured worker complains of neck pain constantly, radiating down to right upper extremity. The

injured worker denies numbness, tingling or motor weakness. The neck pain is associated with bilateral frontal headaches, and describes as aching, stabbing, and minimal in severity, aggravated by activity, flexion/extension, pulling and pushing. Pain is rated as 4/10 in intensity with medication, and 6/10 without medication. The injured worker also reported activity of daily living limitations in the following areas: self care/hygiene and sexual. Physical examination revealed spinal vertebral tenderness on C4-7, tenderness left paravertebral C4-7 area. Range of motion was limited with flexion, extension, and rotation. Pain was significantly increased with flexion, extension and rotation. Sensory examination showed decreased sensation in the right upper extremity, with the affected dermatome C6-8. Motor strength and deep tendon reflexes in the upper extremities are within normal. The injured worker is currently working without restrictions. Prior treatment which included physical therapy, acupuncture, medication afforded limited benefits. Plan of management include cervical epidural steroid injection which has been requested. Medications included Alprazolam 1 mg tab, and Hydrocodone/APAP 5/325 mg tab. The request for Norco 5/325 mg was partially certified by utilization review on 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There is also no documentation of recent opioid risk assessment nor is there any urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/APAP 5/325 mg # 60 cannot be established at this time. The request is not medically necessary.