

Case Number:	CM14-0169150		
Date Assigned:	12/08/2014	Date of Injury:	09/18/1996
Decision Date:	09/03/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on 9-18-96. The injured worker has complaints of upper back and neck pain, cervicooccipital headaches. The documentation noted there was tenderness in the upper back-neck more right than left and has occipital tenderness. The diagnoses have included cervical sprain; right upper extremity radiculopathy; thoracic outlet syndrome; chronic pain and opiate tolerant. Treatment to date has included cymbalta; fetzima; norco; adderall; mirtazapine; Seroquel and oxycodone. The request was for right shoulder X-ray and norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain; right upper extremity radiculopathy; thoracic outlet syndrome; chronic pain; and opiate tolerance. The date of injury is September 18, 1996. (19 years ago) the request for authorization is September 24, 2014. According to an April 14, 2014 progress note, the injured worker's current opiate medications were Norco 10/325mg and Oxycodone 10 mg. The most recent progress note in the medical record is dated September 22, 2014. Subjectively, the record states the injured worker has ongoing back and neck pain, headache and arm aching that radiates to the elbow. There is no specific shoulder complaint. The documentation states the right shoulder x-ray was ordered to evaluate for possible shoulder sprain and possible osteoarthritis. Norco was prescribed 2-3 times per day for breakthrough pain. There has been no attempt at weaning Norco in the medical record. Objectively, the shoulder abducts with some pain and discomfort. There is no detailed shoulder examination demonstrating tenderness and extent of range of motion. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There has been no attempt at weaning Norco that is taken in conjunction with Oxycodone 10 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, absent documentation demonstrating objective functional improvement with attempted weaning, Norco 10/325mg # 90 is not medically necessary.

X-Ray Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the right shoulder are not medically necessary. Indications for plain radiographs include acute shoulder trauma, rule out fracture or dislocation; and acute shoulder trauma, questionable bursitis, blood calcium/approximately 3 months duration, first study. In this case, the injured worker's working diagnoses are cervical sprain; right upper extremity radiculopathy; thoracic outlet syndrome; chronic pain; and opiate tolerance. The date of injury is September 18, 1996. (19 years ago) the request for authorization is September 24, 2014. According to an April 14, 2014 progress note,

the injured worker's current opiate medications were Norco 10/325mg and Oxycodone 10 mg. The most recent progress note in the medical record is dated September 22, 2014. Subjectively, the record states the injured worker has ongoing back and neck pain, headache and arm aching that radiates to the elbow. There is no specific shoulder complaint. The documentation states the right shoulder x-ray was ordered to evaluate for possible shoulder sprain and possible osteoarthritis. Norco was prescribed 2-3 times per day for breakthrough pain. There has been no attempt at weaning Norco in the medical record. Objectively, the shoulder abducts with some pain and discomfort. There is no detailed shoulder examination demonstrating tenderness and extent of range of motion. The industrial injury was 19 years ago. Indications for plain radiographs include acute shoulder trauma, left fracture or dislocation; and acute shoulder trauma, questionable bursitis. There was no clinical indication or rationale for a right shoulder x-ray. There was no recent trauma or injury to the shoulder. Additionally, a right shoulder sprain is a clinical diagnosis. Radiographs will neither support nor undermine that diagnosis. Consequently, absent clinical documentation with an appropriate clinical indication according to the recommended guidelines, no specific subjective complaint of shoulder pain and incomplete physical examination of the shoulder, x-rays of the right shoulder are not medically necessary.