MAXIMUS Federal Services

Case Number:	CM14-0190279		
Date Assigned:	11/21/2014	Date of Injury:	10/27/2011
Decision Date:	02/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 10/27/11.The diagnoses include lumbago, cervicalgia, disorders of the bursae and tendons in the shoulder; right knee pain post surgery.Under consideration are requests for Norco 10mg.The patient has had an MRI of the left shoulder on 08/08/12 which revealed tendinopathy of the rotator cuff and long head of the biceps as well as AC arthritis, SLAP lesion, and type II acromion. She underwent knee surgery on 01/22/13 for partial medial meniscectomy, chondroplasty, and arthroscopic synovectomy. She continued to have symptoms and on 08/01/13, she underwent additional surgery. The patient has had an MRI of the lumbar spine on 02/03/13 which revealed L4-L5 disc desiccation and small broad based protrusion superimposed on facet and ligament hypertrophy causing mild central canal stenosis. She is status post left shoulder surgery on 06/05/14 and provided a prescription of Percocet postoperatively and completed the script prior to two weeks post op. She is now taking Norco. A 10/25/14 progress note states that she doing PT status post shoulder surgery. She complains of sharp and deep pain in her lumbosacral area, more in the right lumosacroiliac junction but may migrate the entire lower back. She never started her water therapy as she went ahead to have surgery. She is using Norco now and managing. She went back to work already and seems her pain isflaring up. There is pain in her in the trapezius, shoulder area. She has not picked up any opiates fromother doctors since last visit. She has not done her urine screening test yet. Knee pain on andoff, varies daily. She is currently on Norco 10mg 5 times per day. There is documentation of a CURES report. On exam she seems to have lost part of her lordosis curve. Muscle examinations wereabnormal in tone. There were firm muscle knots in her trapezius, infrapinatus, supraspinatus, teres, rhomboids, pectoralis and upper quadrant muscle groups. Deep and focalpalpation of the muscle knots elicited classic twitch response with slight radiation patternconsistent with trigger point radiation pattern. Right shoulder was grossly normal with

endrange pain on the left. The ROM and motor strength were abnormal. Specific-examination showed mild positive supraspinatus sign, but no Hawkins. There was decreased In Internal and externalrotations-with moderate pain at end range. There was no-deltoid or shoulder musculatureatrophy. Motor was 4+/5. Her bipedal gait was normal. She is-capable to walk on her toesand heels.-There is no scoliosis. Shoulders and pelvis leveled. Lumbar inspection normal. Range ofmotion showed 35 flexion, 10 extension, 13 lateral flexions, and rotation/extension showedmoderate limitations. There was no Kemp's sin. There-was deep tenderness at bilaterallumbosacroiliac junctions. There was moderate tenderness along bilateral paralumbar area. There was no Trendelenburg sign. Lower extremity motor was full. Deep tendon reflexes were2+ In patella and Achilles. Straight leg raise was negative in both legs except for low back pain.Right knee exam was abnormal. There was mild positive patella compression pain and crepitus. Flexion and extension were mildly painful. There was tenderness to palpation in sartor-ius/semimembranous bursa. The treatment plan was Norco 10mg 5 tabs per day. Continue PT. Narcotic agreement in chart and signed by patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient does not always get relief from her Norco. The documentation indicates that the patient has finished her narcotic medications early. The request for Norco does not indicate a quantity. For all of these reasons, Norco 10mg is not medically necessary.