

Case Number:	CM14-0192670		
Date Assigned:	11/26/2014	Date of Injury:	04/05/2011
Decision Date:	09/24/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained an industrial injury on 4-05-2011. Diagnoses include left elbow pain, left shoulder pain and cervicalgia. Treatment to date has included home exercise, medications and physical therapy. Current medication includes Norco. Per the Progress Report and Request for Authorization dated 10-30-2014, the injured worker reported a pain level of 6 out of 10 which she attributes to additional stress over the last month due to stress from Worker's Compensation and cold weather. She also reported numbness in the left upper extremity. She is waiting scheduling of left shoulder surgery and physical therapy for the neck. Physical examination of the left shoulder revealed good range of motion with pain upon abduction. There is radicular pain into the left upper extremity with abduction and adduction (described as numbness into the hand). She is unable to abduct to 100 degrees with shoulder angled at 45 degrees away for midline. The plan of care-included refill of prescribed medications and authorization was requested for 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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in the left shoulder and the left arm. The request is for Norco 10/325 MG, #90. Examination to the left shoulder on 10/30/14 revealed radicular pain with abduction and adduction. Per 10/30/14 progress report, patient's diagnosis includes shoulder joint pain, elbow joint pain, and cervicgia. Patient's medication per 10/30/14 progress report includes Norco. Patient's work status is modified duties. MTUS Guidelines Criteria for use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, only one progress report, dated 10/30/14, was provided in which the treater states that the patient continues to benefit from the use of Norco. It is not clear how long the patient has been utilizing Norco for her pain but it appears that the patient has been on it for some time. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS results, no CURE reports provided; no adverse effect and other measures of aberrant behavior are discussed either. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Given the lack of documentations, as required by the guidelines, the request is not medically necessary.