

Case Number:	CM14-0194393		
Date Assigned:	12/02/2014	Date of Injury:	09/02/2005
Decision Date:	01/20/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with date of injury of 09/02/2005. The listed diagnoses from 11/03/2014 are: 1. Displacement of the lumbar intervertebral disk without myelopathy; 2. Displacement of the cervical intervertebral disk without myelopathy; 3. Disorders of the bursae and tendons in the shoulder region, unspecified; 4. Carpal tunnel syndrome. According to this report, the patient complains of persistent neck and shoulder pain. She is taking Norco 5/325 mg and Motrin 400 mg as prescribed without any new side effects. The patient is status post 2 surgeries in the left shoulder and status post cervical ESI without benefit, date unknown. She continues to report ongoing pain in her left shoulder, elbow, left subclavicular pain, neck pain, and low back pain. The patient rates her pain without medication 8/10, and with medication, her pain is "tolerable at times." Examination of the cervical spine reveals limited range of motion. Tenderness to palpation over the bilateral cervical paraspinal muscles was noted. Left shoulder reveals positive Hawkins', Yergason's, and cross-arm test, but pain elicited mainly in the supraspinatus area. Finkelstein is positive bilaterally. Phalen's test is positive. There is diminished sensation in the left C6 and C7 dermatomes in the upper extremities. The documents include progress reports from 01/15/2014 to 12/01/2014. The utilization review was modified the request from Norco 5/325 #120 tablets to #96 on 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-going Management, medication for chronic pain Page(s): 88, 89, 7.

Decision rationale: This patient presents with neck and left shoulder pain. The treating physician is requesting Norco 5/325 #120. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 01/15/2014. The examination from the 08/25/2014 and 10/06/2014 reports show the same findings from the 11/03/2014 report. The toxicology report from 10/13/2014 showed inconsistent results with prescribed medications. In this case, the treating physician has provided a pain scale to denote the patient's current pain. However, the patient states that her pain with medication is "tolerable at times." No specifics for ADLs were discussed, no change in work status, no side effects, and the recent urine toxicology screen shows inconsistent results to prescribed medications. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request is not medically necessary.