

Case Number:	CM14-0195636		
Date Assigned:	12/03/2014	Date of Injury:	02/17/2009
Decision Date:	03/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 (IW) is a 50 year old male, who sustained an industrial injury on 02/17/2009 when he was hit from behind while at a stoplight. He has reported right shoulder pain and dysfunction. The diagnoses have included shoulder impingement, symptomatic, rupture, long head bicep, symptomatic, and left shoulder impingement with biceps tendonitis and AC joint osteoarthritis. Treatment to date has been conservative including injections, x-rays and MRI's of the right shoulder. The diagnosis 07/14/2014 was of right rotator cuff tear, right shoulder degenerative changes with the notation that the IW was approved for surgery on the right shoulder and right knee. Medications ordered included Norco 10/325 1 bid #20, Protonix 20 mg, 1 by mouth daily, and ibuprofen with food. Urine toxicology screens were done to assist in monitoring drug compliance. Although surgical intervention was planned, there is no evidence of it having been done. Currently, in an examination by the primary treating physician on 10/24/2014 the IW complains of ongoing right shoulder pain and hand pain which he notes worsens with his activities of daily living. A computed tomography of the thoracic and of the lumbar spine without contrast done 10/24/2014 showed lower cervical, thoracic and lumbar spondylosis with no acute fracture and a mild L4-5 and L5-S1 diffuse disc bulge that contributes to bilateral neural foraminal stenosis without definite nerve root impingement. There also was bilateral L5 spondylolysis without spondylolisthesis. His diagnosis was frozen shoulder. He was returned to full duty work. On 11/07/2014, a request for authorization was received for Norco 10/325 #120, one by mouth four times a day. On 11/12/2014 Utilization Review modified a prescription for Norco to #60 to allow for documentation of the missing criteria of quantifiable

pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects. It was also noted that the Norco had been increased from twice a day to four times a day over the course of approximately four months with no clear rationale for the increase. California Medical Treatment Utilization Schedule (CA MTUS) opioids, criteria for use was cited. On 11/21/2014 the injured worker submitted an application for IMR for review of Norco 10/325 modified to #60 with an original service requested of Norco 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #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 Page(s): 76-78, 88-89.

Decision rationale: The 50 year old male patient, date of injury 02/17/14, presents with right shoulder pain radiating to upper extremity with mark decrease range of motion. The request is for NORCO 10/325 #120. The request for authorization is not available. The patient is prescribed Norco since at least 01/30/14 but does not use it when working as patient states cannot work when he takes it. Patient states his pain as being 4/10 with medication. Patient has difficulty sleeping, doing anything above shoulder height and dressing himself. Patient has had multiple injections, but the last one was only useful for just a short time. MRI of the right shoulder on 10/09/14 shows significant impingement of the outlet impinging down on the supraspinatus. Patient is working. MTUS Guidelines 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 4As (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. Treater has not provided reason for the request. The patient has been prescribed Norco since at least 06/11/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was a UDS report 07/14/14 submitted for review, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.