

Case Number:	CM14-0197824		
Date Assigned:	12/08/2014	Date of Injury:	08/04/2008
Decision Date:	01/23/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 49-year-old female with a date of injury of 08/04/2008. According to progress, report 09/16/2014, the patient presents with right wrist, right shoulder, and neck pain. Her pain is rated as 7/10 without medication and 4/10 with medication. With medication, she is able to perform some of her daily activities. Examination of the cervical spine revealed spasm, pain, and decreased range of motion. There is facet tenderness and decreased sensation on the right at C6-C7. Examination of the shoulders revealed positive impingement sign bilaterally as well as painful range of motion bilaterally. Examination of the right wrist/hand revealed decreased grip strength, tenderness to palpation of the right wrist, as well as hypersensitivity at palmar/volar/dorsal right hand/wrist. The listed diagnoses are 1. Bilateral shoulder impingement. 2. Cervical radiculopathy. 3. Status post right distal radius fracture. Treatment plan includes medications including Norco, Restoril, and Prilosec. The patient is currently permanent and stationary. The current request is for Norco 10/325 mg #180. The utilization review denied the request on 10/25/2014. Treatment reports from 04/15/2014, 07/01/2014, and 09/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines Page(s): 68, 78 & 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with right wrist, right shoulder, and neck pain. The current request is for Norco 10/325 mg #180. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing Norco since at least 04/15/2014. Each progress report provides a before and after pain scale to denote a decrease in pain with utilizing medications. However, recommendation for further use cannot be supported, as the treating physician has not provided any discussion regarding functional improvement or changes in ADLs with taking long-term Norco. Furthermore, there is no discussion of possible aberrant behaviors or side effects as required by MTUS for opiate management. Urine drug screens and CURES report are not addressed to monitor for compliance either. The treating physician has not provided adequate documentation of the 4As as required by MTUS for opiate management. The requested Norco is not medically necessary, and recommendation is for slow weaning per MTUS.