

Case Number:	CM15-0008245		
Date Assigned:	01/23/2015	Date of Injury:	03/10/2011
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/14/2015

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 58 year old female, who sustained an industrial injury on 3/10/2011 when her hand got stuck between carts. The diagnoses have included left shoulder impingement and muscle spasm, left long finger and thumb triggering, and left hand tendinitis. Treatment to date has included medications and injections. Currently, the IW complains ongoing pain in the left shoulder. There is increased pain with lying on her left side. She states that her arm feels heavy. Her pain at rest is 3/10 and 5/10 with activity. She also reports numbness and tingling in her arm and hands, as was well as weakness in her arm. Objective findings included tenderness to palpation of the trapezius, with palpable spasm noted. She has full passive motion. Strength is 5/5 throughout the left shoulder. On 12/09/2014, Utilization Review modified a request for Norco 5/325mg noting that there is no documentation regarding substantial improvement in pain and function with prior use of Norco. The MTUS was cited. On 1/13/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left shoulder pain. The treater has asked for NORCO 5/325MG #30 on 10/1/14. It is not known how long patient has been taking Norco, but the utilization review letter date 12/9/14 states that the "documentation indicates that this patient was using Norco" and significant improvement was not shown in reports. For chronic opioids use, 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. In this case, the treater does not indicate a decrease in pain with current medications which include the opiate. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been not been asked, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.