

Case Number:	CM15-0008448		
Date Assigned:	01/23/2015	Date of Injury:	04/04/2008
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
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 (IW) is a 57 year old female, who sustained an industrial injury on April 4, 2008. She has reported left shoulder pain, bilateral hands, arms, wrists, right leg and stomach pain and was diagnosed with bilateral carpal tunnel syndrome, low back pain secondary to myositis, H. pylori and right epicondylitis. Treatment to date has included radiographic imaging, diagnostic studies, bilateral shoulder surgeries, pain medications and work modifications. Currently, the IW complains of continued left shoulder pain, arm, wrist, hand and right leg pain. The injured worker sustained an industrial injury on April 4, 2008, causing left shoulder pain. Radiographic imaging on June 9, 2010 revealed, full thickness tear of the anterior portion of the distal supraspinatus tendon at its insertion on the greater tuberosity of the humerus with an approximate 1 cm tendon retraction and no muscle atrophy identified and mild acromioclavicular joint hypertrophy with degenerative changes and no significant underlying encroachment. She reported continued gastrointestinal (GI) problems noted to be secondary to non-steroidal anti-inflammatory use. On April 28, 2014, left shoulder pain continued. On September 29, 2014, left shoulder pain continued. On October 29, 2014, upper endoscopy revealed no acute abnormalities. On December 8, 2014, left shoulder pain continued and the Norco 10/325 was renewed. On December 23, 2014, Utilization Review non-certified a request for Norco 10/325 #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, pain to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain in her left shoulder. The request is for NORCO 10/325mg #60, PAIN TO THE LEFT SHOULDER. None of the reports contain information of medications except "renew Norco." Regarding chronic opiate use, MTUS guidelines page 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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." The review of the reports does not show any discussion specific to this medication other than the treater's request for renewal. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco #60 IS NOT medically necessary.