

Case Number:	CM15-0009757		
Date Assigned:	01/21/2015	Date of Injury:	09/30/2013
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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 patient is a 23 year old female who sustained a work related injury to her right shoulder on September 30, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with arthropathy of the right upper arm, shoulder bursa and tendon disorder, carpal tunnel syndrome, chronic pain syndrome and sleep disturbance. A right shoulder magnetic resonance imaging (MRI) performed on December 19, 2014 was negative. An Electromyography (EMG) on December 12, 2014 was negative. According to the primary treating physician's progress report on December 30, 2014 the patient continues to experience right shoulder pain, left and right wrist pain and left and right hand pain. Examination noted full range of motion with pain on abduction and tenderness at the acromioclavicular joint. Current medications were listed as Norco, Fenoprofen, Norflex, Topiramate, Mentherm gel and Pantoprazole. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Norco 5/325 #60. On January 6, 2015 the Utilization Review modified the certification from Norco 5/325 #60 to Norco 5/325 #30 to allow for weaning. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

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

Decision rationale: The patient presents with pain, rated 08/10, in right shoulder pain and both wrists and hands. The request is for NORCO 5/325 #60. The RFA provided is dated 12/30/14. Patient's diagnosis included arthropathy of the right upper arm, shoulder bursa and tendon disorder, carpal tunnel syndrome, chronic pain syndrome and sleep disturbance. A right shoulder magnetic resonance imaging (MRI) performed on 12/19/14 was negative. An Electromyography (EMG) on 12/12/14 was negative. Patient is temporarily totally disabled. 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 4A's (analgesia, ADL's, 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Prescription for Norco was first mentioned on progress report dated 08/06/14 and the patient has been taking the medication consistently at least since then. In this case, the goal of Norco is to treat the acute and chronic component of the patient's pain; however, per the progress report dated 12/30/14, the patient states that the medications are not effective. Per the treater, the patient tolerates the medication well and shows no evidence of developing medication dependency. The reports also state: that the patient has signed an opiate agreement. Review of the available reports indicates that the patient has undergone urine toxicology screen on 09/03/14 which was consistent with Norco use. The treater does discuss the four A's, including analgesia, ADL's, adverse reactions, and aberrant behavior. However, only general statements are provided, especially with regards to ADL's. The patient is not working and the treater has not used any validated measurement scales to demonstrate a specific increase in the patient's function. Therefore, this request IS NOT medically necessary.