

Case Number:	CM15-0105113		
Date Assigned:	06/19/2015	Date of Injury:	04/24/2013
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on 4/24/13. She reported pain in right shoulder while lifting heavy binders. The injured worker was diagnosed as having cervical strain/sprain with multi-level degenerative disc disease, right shoulder impingement syndrome and partial tear to the supraspinatus and subscapularis tendons, right shoulder arthroscopy and lumbar strain/strain with facet arthropathy at L5-S1. Treatment to date has included right shoulder surgery, right arm sling, ice machine, oral medications including Levothyroxine, Amlodipine, Valsartan, ASA, Tylenol, Advil, Benadryl, Ultram, Vicodin and Celebrex, topical Biofreeze and activity restrictions. Currently, the injured worker complains of upper back/neck pain, constant right shoulder pain, right elbow pan intermittent right wrist/hand pain, low back pain and left hip/knee pain. She is temporarily totally disabled. Physical exam of the right shoulder revealed tenderness to palpation over the right base of the occiput, right upper trapezius and right levator scapula with decreased sensation of the right palm of hand and all digits of right hand, right shoulder diffuse tenderness with increased area of tenderness to the AC joint with restricted range of motion and tenderness to palpation over the left L5-S1, left sciatic notch and left posterior thigh with restricted range of motion. A request for authorization was submitted for Norco 5/325mg #120 and Laboratory studies to assess the vitamin D3 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Blood studies (to assess Vitamin D3 levels): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/vitamin-d-deficiency-in-adults-definition-clinical-manifestations-and-treatment?source=machineLearning&search=vit+d+lab&selectedTitle=1~150§ionRank=1&anchor=H6252781#H5541302>.

Decision rationale: Regarding vitamin D deficiency screening test, the California MTUS does not address the issue. Up-to-date online resource states: There are few data regarding screening for vitamin D deficiency in asymptomatic adults or during pregnancy. Most experts agree that it is not necessary to perform broad-based screening of serum 25(OH) D levels in the general population or during pregnancy. Normal risk adults do not need assessment. Within the submitted documentation, there is no indication that the patient is at risk for Vitamin D deficiency. Furthermore, there are no guidelines in support of vitamin D screening in normal population. As such, the current request for Vitamin D screening is not medically necessary.

Norco 5/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorcodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorcodone/acetaminophen) is not medically necessary.