

Case Number:	CM15-0106178		
Date Assigned:	06/10/2015	Date of Injury:	02/04/2005
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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 70 year old female, who sustained an industrial injury on February 4, 2005. She reported that when lifting a socket wrench set she had immediate pain in the scapular area. The injured worker was diagnosed as having chronic pain syndrome, carpal tunnel syndrome, disorders of bursae and tendons in shoulder region, pain in joint involving shoulder region, and opioid type dependence, continuous use. Treatment to date has included MRIs, x-rays, right rotator cuff surgery, left shoulder surgery, physical therapy, acupuncture, massage, and medication. Currently, the injured worker complains of right shoulder pain that goes to her head and neck, left shoulder pain with occasional spasm of the left arm, and tingling in her hands with more frequent spasms and cramps in her palms. The Primary Treating Physician's report dated April 23, 2015, noted the injured worker's pain level at 7-8/10 with medications and more without medications, more pain lately with pain better with medication. The injured worker's current medication was listed as Norco. Physical examination was noted to show a loss of lordosis, with firm muscle knots in her trapezius, scalene, supraspinatus, infraspinatus, teres, rhomboids, pectoralis, and upper quadrant muscle groups and twitch response noted with deep and focal palpation of the muscle knots. Bilateral shoulder range of motion (ROM) and muscle strength was noted to be abnormal, with range of motion (ROM) barely functional. The Physician's assessment noted the injured worker with residual shoulder pain with decreased range of motion (ROM) and weakness, narcotic dependence using up to six Norco 10mg daily, a urine drug screen (UDS) from June 2014, consistent with the medication use, and anticipation that the injured worker would be on long term use of medication due to her condition and

contraindications with non-steroid anti-inflammatory drugs (NSAIDs) due her use of Coumadin. The treatment plan was noted to include continued use of Norco, and a request for authorization for acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: 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) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2005 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg quantity 180 is not medically necessary and appropriate.