MAXIMUS Federal Services

Case Number:	CM15-0142516		
Date Assigned:	08/06/2015	Date of Injury:	06/24/2010
Decision Date:	09/23/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on June 24, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having injury to ulnar nerve, shoulder impingement, cervical arthropathy, cervical radiculopathy, and cervical degenerative disc disease. Diagnostic studies to date have included: On August 20, 2014, electromyography and nerve conduction velocity studies revealed chronic right cervical 5 radiculitis, right sensorimotor demyelinating and axonal ulnar neuropathy across the elbow, right sensory axonal ulnar neuropathy across the wrist, and left sensorimotor demyelinating and axonal ulnar neuropathy across the elbow. On December 9, 2014, an MRI of the left shoulder revealed evidence of a recurrent full-thickness tear of the repaired supraspinatus tendon, moderate decreased muscle bulk of the supraspinatus, a recurrent full-thickness tear of the subscapularis tendon, and decreased muscle bulk of the subscapularis. There was a degenerative appearance of the labrum without an acute labral tear, and post biceps tenodesis, subacromial decompression, and distal clavicle excision changes. There was superior migration of the humeral head with neural subacromial space. On June 6, 2015, a salivary drug test revealed negative results for opioids, which is inconsistent with his prescribed medications. Surgeries to date have included: Left shoulder arthroscopy with debridement calcific tendinitis and rotator cuff surgery and Left shoulder open biceps tenodesis and excision of distal clavicle in March 2014. Treatment to date has included physical therapy and medications including opioid analgesic, anti-epilepsy, and antidepressant. There were no noted previous injuries or dates of injury, and no noted

comorbidities. On July 6, 2015, the injured worker reported ongoing shoulder and back pain. He reported ongoing neck pain, left greater than right fourth and fifth digit numbness and tingling, right elbow pain, right wrist pain, low back pain, and numbness and tingling of both feet. His pain is rated: with medications = 5-6 out of 10 and without medications = 7-8 out of 10. Gabapentin helped his leg and arm tingling. The physical exam revealed pain of the left with right rotation of the cervical spine decreased left rotation by 30 degrees and to the right by 45 degrees, pain with extension, and full flexion. There was elbow hyperextension positive for tingling of the fourth and fifth digit, a positive left elbow Tinel's decreased sensation of the left ulnar distribution with carpal compression test, and tenderness and mild swelling of the left dorsal wrist. The treatment plan includes continuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.