

Case Number:	CM15-0149722		
Date Assigned:	08/12/2015	Date of Injury:	06/01/2015
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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 was a 61 year old female, who sustained an industrial injury, June 1, 2015. The injury was sustained when the injured worker was pulling repetitively with the right arm on a vertical link metal device at work. The injured worker needed to forcefully pull towards the body and then insert a pin. The injured worker felt a sudden onset of right shoulder pain and right sided neck pain. The injured worker previously received the following treatments thoracic spine x-rays, cervical spine x-rays, right shoulder x-rays, Ibuprofen Meloxicam, Cyclo-benzaprine, shoulder MRI which showed partial thickness rotator cuff tear, Type IV SLAP tear and acromioclavicular arthropathy; physical therapy for the right shoulder. The injured worker was diagnosed with thoracic spine strain and or sprain, cervical spine strain and or sprain, right shoulder sprain and or strain, right shoulder impingement rule out rotator cuff tendinopathy. According to progress note of June 18, 2015, the injured worker's chief complaint was the neck and right shoulder pain. The injured worker rated the pain at 7-8 out of 10. The pain was described as sharp, burning or like pins and needles. The pain was worse with certain positions, turning the head to the right or moving the arm overhead. There was less pain with lying on the left side with a pillow under the right arm. The physical exam noted paracervical palpation from the base of the cranium to T1 including the rhomboids and trapezius. There was no tenderness or spasms noted. The examination to the right shoulder noted decreased range of motion, flexion of 150 degrees, extension of 50 degrees, abduction of 140 degrees, internal rotation of 75 degrees and normal external rotation. The cross arm testing was negative. Apprehension test was negative. The Hawkin's and impingement testing were positive. There was pain with O'Brien's

with no click. There was decrease muscle strength of 4 out of 5 of the supraspinatus muscles. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 (60 tabs): 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: The injured worker rated the pain at 7-8 out of 10. The pain was described as sharp, burning or like pins and needles. The pain was worse with certain positions, turning the head to the right or moving the arm overhead. There was less pain with lying on the left side with a pillow under the right arm. There was no report of functional benefit from opioid use. MTUS Guidelines cite opioid use in the setting of 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 continued 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 pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 injury without acute flare, new injury, or progressive deterioration. The Norco 5/325 (60 tabs) is not medically necessary and appropriate.