

Case Number:	CM15-0161694		
Date Assigned:	08/27/2015	Date of Injury:	05/02/2013
Decision Date:	09/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 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 44 year old male who sustained an industrial injury on 5-2-13 when a machine he was working on pulled him and lifted him off the ground causing a burning sensation in the right shoulder that radiated to the neck. He was medically evaluated given medications and referred for an MRI. He was advised of a rotator cuff tear, referred for therapy and was given a total of four epidural steroid injections. He currently complains of constant neck pain that radiates up the back and sides of his head down to the trapezius and scapular area bilaterally with popping and grinding of the neck with rotation and a pain level of 8 out of 10; constant right shoulder pain with radiation into the scapular area and down the entire right upper extremity with a pain level of 7-8 out of 10; left shoulder pain from overcompensation; headaches. On physical exam of the cervical spine there was tenderness on palpation, decreased range of motion with pain and spasm; exam of the right shoulder revealed tenderness to pressure with decreased range of motion. He is experiencing difficulty with completing personal hygiene tasks. He has sleep difficulties. Medications were Soma, Norco. Drug screen dated 2-5-15 showed positive for tetrahydrocannabinol. Diagnoses include status post right extensive debridement and decompression of the rotator cuff (1-6-14); hyperlordosis of the cervical spine; myofascial pain syndrome superimposed upon by multi-level disc bulges; shoulder strain; cervical pain; cervical degenerative disc disease; cervical radiculopathy. Treatments to date include physical therapy with some benefit; medications; cervical epidural steroid injection. Diagnostics include MRI of the right shoulder (8-15-14) showed severe tendinosis of the supraspinatus tendon; electromyography, nerve conduction study (5-24-14) of bilateral upper extremities was normal;

MRI of the cervical spine (11-1-14) showing mild degenerative and spondylolytic changes, disc bulge, mild stenosis. In the progress note dated 6-26-15 the treating provider's plan of care included a request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab every 6 hours #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg one PO Q6 hours # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post right extensive debridement and decompression of the rotator cuff; hyperlordosis cervical spine; myofascial pain syndrome; shoulder strain; cervical pain; cervical degenerative disc disease; and cervical radiculopathy. Date of injury is May 2, 2013. Request for authorization is July 16, 2015. According to a March 5, 2015 progress note, the treating pain management provider prescribes the injured worker Soma and Norco. According to a March 19, 2015 progress notes, .a different pain management provider prescribed Percocet and Cymbalta to the injured worker. A urine drug screen performed February 5, 2015 was positive for cannabis. This inconsistent result was not discussed in the body of the medical record. According to an illegible July 2015 progress note (the date is illegible), subjective complaints include ongoing neck and right shoulder pain. Objectively, there is tenderness to palpation cervical spine. The remainder of the progress note is illegible. Current medications include Norco and Soma. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. The documentation did not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, illegible documentation, no documentation with detailed pain assessments or risk assessments, opiates prescribed by two different pain management providers and an inconsistent urine drug toxicology screen positive for cannabis, Norco 10/325mg one PO Q6 hours # 60 is not medically necessary.