

Case Number:	CM15-0162082		
Date Assigned:	08/28/2015	Date of Injury:	04/27/2011
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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 56 year old female, who sustained an industrial injury on 4-27-2011. The mechanism of injury is not described. The current diagnoses are bilateral shoulder pain, adhesive capsulitis of the right shoulder, rotator cuff rupture, status post repair X 2, chronic right C5-6 cervical radiculitis, cervical facet degeneration, and cervical discogenic pain. According to the progress report dated 7-22-2015, the injured worker complains of aching neck and right shoulder pain. With her current medication regimen, it allows her to perform activities of daily living. Since her last visit, her pain is unchanged; she has begun gardening in her back yard. On a subjective pain scale, she rates her pain 1 out of 10 with medications and 4 out of 10 without. The physical examination of the cervical spine reveals tenderness over the paraspinal muscles and facet joints, right worse than left, restricted and painful range of motion, and negative Spurling's and Hoffman's sign. The current medications are Norco, Cyclobenzaprine, Celebrex, Gralise, Effexor, and Wellbutrin. Urine drug screen from 4-24-2015 was inconsistent with prescribed medications, Hydrocodone was not detected. Urine drug screen from 6-22-2015 was consistent, detecting Hydrocodone. There is documentation of ongoing treatment with Norco since at least 2-11-2015. Treatment to date has included medication management, heat, ice, massage therapy (very helpful), physical therapy, home exercise program, MRI studies, and surgical intervention. Work status is described as no bending, twisting, kneeling, squatting, and climbing. Limit head-neck movement. A request for Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents with neck and right shoulder pain rated 4/10 without and 1/10 with medications. The request is for NORCO 10/325MG QUANTITY 60. The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness over the cervical paraspinals, right more than left. There is tenderness over the facet joints, right more than left. Range of motion is reduced in all directions secondary to pain. She completed massage therapy that she found to be very helpful with her muscle tightness and tension. She also performs HEP. Her current medication regimen allows her to perform ADLs, and now she has also began gardening in her back yard. They deny any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioid contract with our office. Patient's medications include Norco, Flexeril, Gralise, Celebrex, Effexor, Wellbutrin, Bentyl, Nulytely with Flavor Packs, and Mevacor. Per progress report dated 07/31/15, the patient is on modified duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/31/15, treater's reason for the request is "for moderate to severe pain." Patient has been prescribed Norco since at least 02/11/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is documentation regarding adverse effects but not regarding aberrant drug behavior. UDS dated 06/22/15, CURES, and opioid contract are documented. The treater has adequately discussed and documented the 4A's as required by MTUS Therefore, the request IS medically necessary.