

Case Number:	CM15-0163141		
Date Assigned:	08/31/2015	Date of Injury:	08/23/2001
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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 52 year old female, who sustained an industrial injury on 8-23-01. Initial complaint was of her left shoulder. The injured worker was diagnosed as having recurrent subacromial impingement syndrome with acromioclavicular joint degenerative joint disease. Treatment to date has included status post left shoulder surgery (8-23-01) status post subsequent arthroscopic left shoulder decompression (12-20-13); physical therapy; medications. Diagnostics studies included MRI left shoulder (11-25-14); EMG-NCV study left upper extremity (3-5-15); Ultrasound bilateral wrist (5-7-15). Currently, the PR-2 notes dated 7-2-15 indicated the injured worker is a status post left shoulder surgery (8-23-01) status post subsequent arthroscopic left shoulder decompression (12-20-13). She has had multiple diagnostic studies including an ultrasound of the bilateral wrist dated 5-7-15 revealing normal bilateral wrists. She has an EMG-NCV study left upper extremity dated 3-5-15 revealing 1) no electrical evidence of left carpal tunnel syndrome. 2) No electrical evidence of cervical radiculopathy or brachial plexopathy affecting C5 through T1 lower motor nerve fibers of the left upper extremity or cervical paraspinals. 3) No electrical evidence of a generalized peripheral neuropathy affecting the left upper extremity. A MRI of the left shoulder dated 11-25-14 revealing 1) magnetic susceptibility artifacts, as described above consistent with prior rotator cuff surgical intervention. Recommend clinical correlation. 2) Subchondral cyst formation within the humeral head. 3) Acromioclavicular osteoarthritis; 4) supraspinatus tendinosis. 5) Infrapinatus tendinosis. The provider notes her diagnosis of left elbow strain-lateral epicondylitis with dynamic cubital tunnel syndrome. She is a post evaluation on 6-28-15 with a surgeon who recommended a left shoulder arthroscopy. The left upper extremity has remained unchanged. Examination of the left

shoulder reveals tenderness to palpation over the periscapular muscle, trapezius muscles, subacromial region, acromioclavicular joint and supraspinatus tendon. Crepitus is present and the impingement test and cross arm test are positive. Range of motion of the left shoulder is decreased with pain and muscle spasm. Examination of the left wrist reveals tenderness to palpation over the flexor and extensor tendons and first extensor compartment. Tinel's and Phalen's tests elicit localized symptoms. Finkelstein's test is positive and range of motion of the left wrist is with pain. The provider is requesting authorization of One (1) prescription of Norco 5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 5mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 52 year old patient complains of left hand, wrist, elbow and shoulder pain, rated at 7/10, as per progress report dated 06/26/15. The request is for One (1) prescription of Norco 5mg #45. The RFA for this case is dated 07/02/15, and the patient's date of injury is 08/23/01. Diagnoses, as per progress report dated 06/26/15, included recurrent subacromial impingement syndrome with AC joint degenerative joint disease. The patient is status post failed arthroscopic left shoulder decompression on 12/20/13. Current medications included Norco and Neurontin, as per progress report dated 07/02/15. Diagnoses included left elbow strain, lateral epicondylitis with dynamic cubital tunnel syndrome, and left tenosynovitis dynamic carpal tunnel syndrome, and left De Quervain's syndrome. The patient is temporarily totally disabled, as per the same report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 07/02/15. Prior reports document the use of Ultram, another opioid. It is not clear when Ultram was initiated. In progress report dated 04/07/15, the treater states that medications help reduce pain from 7-8/10 to 3-4/10. The patient cannot bath, dress and get out of bed without medications. There is no aberrant behavior due to Ultram. As per progress report dated 05/20/15, Ultram helped lower pain from 7/10 to 6/10, which is not a significant change. The report does not document the impact of the medication on function. Furthermore, in progress report dated 07/02/15, the treater

states that Ultram is not helping. No UDS reports are available for review. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the lack of efficacy of opioids in the past, the prescription for Norco is not medically necessary.