

Case Number:	CM15-0163154		
Date Assigned:	08/31/2015	Date of Injury:	07/14/2012
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
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 was a 33 year old female, who sustained an industrial injury, July 14, 2012. The injured worker previously received the following treatments cortisone injections to the right shoulder with a 75% relief in the pain, Norco, Neurontin and Duexia. The injured worker was diagnosed with rotator cuff tear, discogenic neck pain, right carpal tunnel syndrome and radiculopathy of the cervical spine, degenerative disc disease of the cervical spine, right shoulder impingement syndrome and right shoulder rotator cuff arthropathy. According to progress note of August 5, 2015, the injured worker's chief complaint was bilateral shoulder pain right worse than the left, traveling to the upper extremities. The injured worker rated the pain at 8 out of 10. The injured worker was having associated symptoms of numbness and tingling in the bilateral upper extremities and cervical spine. The pain fluctuates with activities of daily living. The right wrist pain was constant, traveling to the right palm, right fingers which was described as throbbing. The pain was rated at 8 out of 10. There was numbness and tingling in the right palm and fingers. There was occasional locking of the thumb, index and middle fingers. The neck had constant pain in the bilaterally, right greater than the left. The pain traveled into the bilateral upper extremities. The pain was described as sharp, stiffness and locks. The pain was rated at 8 out of 10. There was associated numbness and tingling in the bilateral extremities. There was increased pain with sudden movements. There was popping noted. The pain was aggravated in the right side of the cervical spine and right shoulder blade with movements of the neck. The physical exam noted tenderness of the right shoulder with palpation. There was moderated tenderness of the acromioclavicular joint and acromion on the right. The Hawkin's-Kennedy, empty can test, supraspinatus resistance test. The impingement maneuver and

O'Brien's sign for AC and Labrum were positive on the right shoulder. The right shoulder had decreased range of motion in all planes. There was mild tenderness with palpation on the right. The Phalen's test and Tinel's were positive on the right wrist. There was cervical deficit of the anterolateral shoulder and arm on the right and left with distorted superficial tactile sensibility (diminished light touch and two-point discrimination) with some abnormal sensations or slight pain corresponding to the C5 dermatome. There was sensory deficit of the lateral forearm, hand and thumb on the right with distorted superficial tactile sensibility with corresponding to the C6 dermatome. There was decreased range of motion in all planes of the right wrist. There was sensory deficit of the anterolateral shoulder and arm on the right. There was decreased range of motion in all planes to the right and left with spasms. 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 10/325mg #120: Upheld

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

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 33 year old patient complains of bilateral shoulder pain radiating to bilateral upper extremities along with numbness and tingling in upper extremities and cervical spine, right wrist pain radiating to the right hand, and neck pain radiating to bilateral upper extremities, as per progress report dated 08/05/15. The request is for NORCO 10/325mg #120. There is no RFA for this case, and the patient's date of injury is 07/14/12. The pain is rated at 8/10, as per progress report 08/05/15. Diagnoses included rotator cuff tear, discogenic neck pain, right carpal tunnel syndrome, cervical radiculopathy, degenerative disc disease of the cervical spine, right shoulder impingement syndrome, and right shoulder rotator cuff arthropathy. Current medications included Norco, Neurontin and Duexis. The patient is temporarily totally disabled, as per the same progress 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 03/11/15. While the patient appears to be taking the medication consistently since then, it is not clear when Norco was initiated. In progress report dated 08/05/15, the treater states that the patient "finds it helpful." In progress report dated 07/01/15, the treater states "Neurontin, Ibuprofen and Norco APAP is helpful in reducing sequelae arising from her injury." An UDS

was ordered during the 08/05/15 visit. The treater, however, does not indicate a change in pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES report is available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.