

Case Number:	CM15-0165903		
Date Assigned:	09/03/2015	Date of Injury:	09/21/2010
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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 57 year old female, who sustained an industrial injury on September 21, 2010. The injured worker was diagnosed as having left shoulder arthroscopic surgery, cervical myoligamentous injury left upper extremity with radicular symptoms, carpal tunnel release, epicondylitis surgery and ulnar nerve surgery. Treatment to date has included magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), surgery, therapy, injections and medication. A progress note dated July 28, 2015 provides the injured worker complains of increased neck pain with headaches. She reports prior epidural steroid injection decreased pain by 50% lasting 6 weeks and decreasing pain from 9 out of 10 to 6 out of 10. She reports a 50% decrease in pain medication. Subsequent epidural steroid injection was denied. She also reports right hand numbness, tingling and weakness radiating from the wrist. There is left shoulder pain and had corticosteroid injection with poor results. She reports Norco was discontinued because it caused gastrointestinal (GI) symptoms. Physical exam notes moderate distress with cervical tenderness to palpation, numerous trigger points, guarding and decreased range of motion (ROM) with positive Spurling's sign. There is decreased shoulder range of motion (ROM) with tenderness to palpation and left shoulder well healed surgical scars. Review of magnetic resonance imaging (MRI) reveals cervical disc herniation and protrusions and bilateral shoulder tendinosis and osteoarthritis. There is a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain in the cervical spine that radiates to the bilateral upper extremities. The request is for Norco tab 10-325mg bid #60. Physical examination to the cervical spine on 07/28/15 revealed tenderness to palpation bilaterally with increased muscle rigidity along with trigger points throughout the cervical paraspinal muscles. Range of motion was decreased in all planes. Per 05/12/15 progress report, patient's diagnosis include cervical myoligamentous injury with left upper extremity radicular symptoms, arthroscopic surgery of the left shoulder on November 16, 2012, s/p left carpal tunnel release and left lateral and medial epicondylitis on July 21, 201, s/p left ulnar nerve surgery on July 20, 2012, and reactionary depression/anxiety. Patient's medications, per 06/23/15 progress report include Anaprox, Prilosec, Reneron, Norco, Voltaren Gel, Atenolol, Metformin, Allopurinol, and Topamax. Per 07/28/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Guidelines criteria for use of opioids, 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 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 p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not specifically discuss this request; no RFA was provided either. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 01/29/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results, no CURES; no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Given the lack of documentation, as required by the guidelines, the request IS NOT medically necessary.