

Case Number:	CM15-0182319		
Date Assigned:	10/14/2015	Date of Injury:	10/02/2004
Decision Date:	11/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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 49 year old female who sustained an industrial injury on 10-02-2004. Medical records indicated the worker was treated for cervical discopathy with shoulder impingement sign. In the provider notes of 08-20-2015, the injured worker complains of radicular pain in left arm with stiffness, pain, and neck pain. She also complains of bilateral shoulder pain with aching and decreased range of motion. The pain is described as aching, burning, cramping, dull, episodic, radiating, sharp, and tender, throbbing, worse in the night, pinching, sore, stiff, stabbing, popping, grinding and heavy. She rates the pain as a 4-5 on a scale of 1-10. Rest improves the condition and vigorous use of the arm such as throwing worsens the condition. Condition is located in the right and left shoulder, wrist, and hand. She complains of bilateral knee pain that is aching, sore and stiff with pain with movement. Climbing up and down inclines, stairs or hills worsen the condition. The pain is described as aching, burning, shooting, throbbing, pinching, sore and stiff, pressure, stabbing, and popping. Severity of condition is a 4 and 9 on a scale of 1-10. The worker also has hand and wrist pain with limited movement, stiffness and weakness. Rest improves her condition and typing or writing worsens the condition. Pain is described as aching, burning, dull, intermittent, pounding, radiating, sharp, shooting, and tingling and numbness. Severity is a 3 and 5 on a scale of 1-10. All of these conditions have existed for an extended amount of time. The worker has been continuing to have substantial benefit from medications and the provider says she has nociceptive, neuropathic, and inflammatory pain. On examination, there is paravertebral muscle tenderness in the cervical spine, right greater than left. There is tenderness in the right anterior shoulder and left anterior shoulder with some mild atrophy of the right deltoid. The right knee

shows substantial pain in the medial compartment and sub patellar chondromalacia, decreased range of motion, and antalgic gait. The plan of care includes medications and chiropractic care. A request for authorization was submitted for Norco 10/325mg, #180, Wellbutrin 150mg, Zoloft 50mg, and Chiropractic care, 10 sessions. A utilization review decision 09-02-2015 conditionally non-certified the Chiropractic care, authorized the Wellbutrin and Zoloft, and the Norco was modified to one prescription of Norco 10/325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 49 year old patient complains of cervical spine pain radiating to left arm, rated at 7/10; shoulder pain, rated at 6/10; knee pain, rated at 9/10; and hand/wrist pain, rated at 5/10; as per progress report dated 07/23/15. The request is for Norco 10/325mg, #180. The RFA for this case is dated 08/20/15, and the patient's date of injury is 10/02/04. The patient is status post left shoulder repair in 2006, status post right shoulder repair in 2002, status post right carpal tunnel release in 2008, status post bilateral knee arthroscopies in 2007 and 2009, as per progress report dated 07/23/15. Diagnoses also included cervical sprain, and residual right shoulder impingement. Medications included Alprazolam, Inderal, Naproxen, Norco, Restoril, Wellbutrin and Zoloft. The patient is temporarily totally disabled, as per the same progress report. 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." In this case, a prescription for Norco is first noted in progress report dated 06/15/12. It is not clear when opioid therapy was initiated. As per progress report dated 07/23/15, the patient suffers from nociceptive, neuropathic and inflammatory pain. She is on the lowest effective dose of the medications with about 90% improvement in pain. UDS, dated 01/29/15, was consistent, and there is no indication of abuse or aberrant behavior. The treater states that an attempt to wean the medication led to increased pain, suffering, and decreased functional capacity. The treater, however, does not

document objective functional improvement using validated instruments, or questionnaires with specific categories. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.