

Case Number:	CM15-0182849		
Date Assigned:	09/23/2015	Date of Injury:	12/01/2001
Decision Date:	10/28/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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 12-1-01. The injured worker is undergoing treatment for recurrent right shoulder impingement with tendinopathy. Medical records dated 7-28-15 indicate the injured worker complains of right shoulder pain and stiffness and right hand pain with numbness, tingling and weakness with little finger locking. The note dated 7-28-15 does not indicate a pain scale. In the note dated 3-9-15 the treating physician indicates worsening pain, numbness and tingling and that the injured worker underwent injections of the right shoulder with diminishing effectiveness. "She describes the shoulder pain as dull, aching, and throbbing and rates her pain on average 5-6 out of 10 and at its worst 7-8 out of 10." Physical exam dated 7-28-15 notes recurrent right shoulder tenderness to palpation, decreased active range of motion (ROM), tenderness to palpation of the cubital tunnel area with positive Tinel's, "mild" tenderness with crepitation over the right small finger with intermittent triggering. Treatment to date has included carpal tunnel decompression, trigger release, bilateral carpometacarpal joint arthroplasty, right post-operative superficial radial neuropathy, persistent right cubital tunnel syndrome, recurrent right shoulder impingement with tendinopathy and right shoulder decompression. The original utilization review dated 8-25-15 indicates the request for Norco 10-325mg #40 is non-certified noting there were no documentation of subjective or objective benefit from use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: 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 MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #40 is not medically necessary and appropriate.