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| Case Number: | CM15-0188102 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 07/18/2014 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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:

This injured worker is a 51 year old male who reported an industrial injury on 7-18-2014. The history notes accepted body parts to be the right arm and right shoulder. His diagnoses, and or impressions, were noted to include: severe cervical disc herniation with right-sided radicular pain; and right shoulder anterior instability with antero-inferior labrum tear with multiple dislocations. No current imaging studies were noted. His treatments were noted to include: consultations; pre-operative consultation (8-17-15); medication management with toxicology studies; and rest from work. The progress notes of 8-24-2015 reported a return visit for complaint which included: unchanged cervical spine pain, rated 6-7 out of 10, that radiated to the lumbar spine; unchanged lumbar spine pain, rated 8 out of 10; unchanged right shoulder pain, rated 6 out of 10; that rest and Norco were made his pain better; that weather and activities made his pain worse; and that he was currently not working. The objective findings were noted to include: no acute distress; no change in the review of systems; positive apprehension test in the right shoulder that was with decreased range-of-motion and strength; tenderness over the mid-line cervical spine and bilateral cervical para-spinals; tenderness with hypertonicity over the right trapezius and levator muscles; and positive Spurling's sign and compression test on the right. The physician's requests for treatment were noted to include a written prescription for Norco 10-325 mg tabs, #90, 1-2 tabs every 6-8 hours as needed for pain, no refill. The Request for Authorizations, dated 9-10-2015 & 9-11-2015, were both noted to include Norco 10-325 mg tabs, #60, 1-2 tabs every 6-8 hours as needed for pain, no refill. The RFA of 8-6-2015, from a 7-22-2015 evaluation, also noted a request for Norco 10-325 mg tabs, #60, 1-2 tabs every 6-8

hours as needed for pain, no refill. The Utilization Review of 9-16-2015 non-certified the request for Norco 10-325 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: The patient presents with pain in the cervical spine that radiates to the lumbar spine. The patient also has pain in the right shoulder. The request is for Norco (Hydrocodone/APAP) 10/325MG, #60. The request for authorization is dated 09/10/15. MRI of the right shoulder, 10/08/14, shows focal insertional interstitial partial tear of the distal anterior supraspinatus tendon; tear of the anterior inferior labrum. X-ray of the cervical spine, 04/13/15, shows degenerative spondylosis of the cervical spine. Physical examination of the right shoulder reveals positive apprehension test. Strength is 4+/5 with flexion, abduction, and external rotation. He is neurologically intact distally. Examination of the cervical spine reveals tenderness over the midline. Tenderness noted over both paraspinals. Tenderness and hypertonicity noted over the right trapezius and levator muscles. Positive Spurling's sign on the right and positive compression test. Patient takes Norco that helps his pain from 9-10/10 down to 6/10. Per work status report dated 09/21/15, the patient is on total temporary disability. 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." Per progress report dated 08/24/15, treater's reason for the request is "for pain." Patient has been prescribed Norco since at least 01/19/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 04/02/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.