

Case Number:	CM15-0189354		
Date Assigned:	10/27/2015	Date of Injury:	03/17/2008
Decision Date:	12/14/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Family Practice

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 59 year old male who sustained an industrial injury on 3-17-08. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy lumbar spine, cervical strain sprain, right adhesive capsulitis and strain sprain hip and thigh. Treatment has included status post lumbar fusion, status post right shoulder surgery, left hip magnetic resonance imaging (8-15-15), electromyography and nerve conduction velocity study (2010), radiographic studies, Norco, Tylenol, activity modification, and physical therapy. Objective findings dated 8-17-15 were notable for neck pain with radiation to shoulders "unable to turn to the right", right shoulder pain and "unable to lift shoulder above chest level", left hip with pain and numbness to toes. The original utilization review (9-1-15) partially approved a request for Norco 10-325mg #90 and XXXXXXXXXX Second Opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 for chronic pain.

Decision rationale: This patient receives treatment for chronic pain involving the lower back, shoulders, neck, and hip. The patient has post-laminectomy syndrome, cervical spine strain, and R shoulder adhesive capsulitis. The patient has become opioid dependent. This relates to an industrial injury dated 03/17/2008. The patient underwent a lumbar spine fusion laminectomy and had surgery for the R shoulder. On exam the patient's gait is normal and the ROM of his lower extremities is normal. There is restricted ROM of the R shoulder and his cervical spine. This review addresses a request for Norco 10/325mg 1 TID. This patient receives treatment for chronic pain involving the lower back, shoulders, neck, and hip. Norco 10/325 contains 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.

Orthopedic Second Opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: This patient receives treatment for chronic pain involving the lower back, shoulders, neck, and hip. The patient has post-laminectomy syndrome, cervical spine strain, and R shoulder adhesive capsulitis. The patient has become opioid dependent. This relates to an industrial injury dated 03/17/2008. The patient underwent a lumbar spine fusion laminectomy and had surgery for the R shoulder. On exam the patient's gait is normal and the ROM of his lower extremities is normal. There is restricted ROM of the R shoulder and his cervical spine. This review addresses a request for a second opinion by an orthopedist. The guidelines address the role of office visits and consultations in the management of chronic pain. In this case the patient has had surgery for the lower back and shoulder many years prior. The documentation does not make clear the rationale for a second orthopedic opinion now. The referring physician needs to document what conservative care has been tried and failed and what specifically are the clinical problems that the second opinion needs to address and why. These clinical data points are not made clear. Referral for a second orthopedic opinion is not medically necessary, based on the documentation.