

Case Number:	CM15-0196193		
Date Assigned:	10/09/2015	Date of Injury:	05/29/2014
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female who sustained an industrial injury on 05-29-2014. Medical records indicated the worker was treated for right shoulder internal derangement, lumbar radiculopathy, and shoulder impingement syndrome. In the provider notes of 08-31-2015 the injured worker complained of pain in the cervical and thoracic spine, the lumbar spine, and the left knee. The cervical spine pain was constant and described as a burning pain that traveled to her left shoulder and was exacerbated when sitting, standing, pulling, lifting, carrying, or reaching and any activity above shoulder level. She rates this pain level as a 7 on a scale of 0-10. She also reports a throbbing tight pain in the mid back that she rates a 9 on a scale of 0-10. Her complaint of lumbar spine pain is described as a 9 on a scale of 0-10 and the pain is constant and travels to the bilateral legs. Both the mid back and lumbar spine pain increases when sitting, standing, walking, bending, squatting, stooping, pushing, pulling, lifting, and carrying. On examination of the lumbar spine the worker has decreased range of motion in all planes. She has decreased lordosis, and a positive straight leg raise at 75 degrees bilaterally eliciting pain in L5-S1 dermatome distribution. The worker had tightness and spasm in the paraspinal musculature bilaterally, with hypoesthesia at the anterolateral aspect of foot and ankle noted at L3, L4, L5, and S1 dermatome level, bilaterally. There was weakness in the big toe dorsiflexors and big toe plantar flexor bilaterally. There was facet joint tenderness at L3, L4 and L5 levels bilaterally. The right shoulder had tenderness over the greater tuberosity, bilaterally with subacromial grinding and clicking and tenderness of the supraspinatus and infraspinatus. The right shoulder had a positive impingement test. The cervical spine had range of motion of 45 degrees flexion,

50 degrees extension, 60 degrees rotation to the right and 55 degrees to the left. Bending was 30 degrees both on the right and left. There was paraspinal tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid and strap muscles, right greater than left. Cervical spine sensation was decreased at C6, C7, and C8 bilaterally, and muscle strength was 3 of 5 at C5 through C8. Acupuncture was also ordered for 2 xs weekly for 6 weeks. The worker was to remain off work on temporary disability until June 18, 2015. Treatment has included lumbar epidural steroid with Epidurogram, and an ultrasound guided corticosteroid injection to the right shoulder. MRI (02-13-2015) of the left knee noted a prominent complex tear of the body and posterior horn of the lateral meniscus, and very early mild degenerative changes. MRI of the lumbar spine (01-13-2015) noted a 1-2 mm broad based disc bulge at L3-L4, a 3mm broad-based disc protrusion at L4-L5, and a 2 mm broad based disc protrusion at L5-S1 none were impinging on a nerve root. MRI of the right shoulder with contrast showed no evidence of a superior labrum tear, mild degenerative changes of the acromioclavicular joint, moderate tendinosis of the infraspinatus tendon and moderate subchondral degenerative cystic changes of the posterior lateral humeral head. There was no evidence of a partial or full-thickness tear of the rotator cuff. The worker has been on Norco since at least 07-23-2015. Urine drug screens are appropriate for prescribed medications. A request for authorization was submitted for Hydrocodone/Acetaminophen 10/325mg unknown quantity. A utilization review decision 10-01-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg unknown quantity: 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.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 8/31/15. Therefore the determination is for non-certification. The request is not medically necessary.