

Case Number:	CM15-0197281		
Date Assigned:	10/12/2015	Date of Injury:	03/07/2012
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female, who sustained an industrial injury on 03-07-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for arthroscopic surgery to shoulder, status post right shoulder surgery with residuals, elbow epicondylitis, cervical intervertebral disc displacement without myelopathy, shoulder adhesive capsulitis, myalgia and myositis, carpal tunnel syndrome, bilateral elbow sprain-strain, and wrist sprain-strain. Treatment and diagnostics to date has included bilateral shoulder MRI's, acupuncture, urine drug screen dated 01-19-2015 is noted as "consistent" with prescribed medications, and use of medications. Recent medications have included Norco (10-325mg by mouth twice a day for severe pain prescribed since at least 05-15- 2015). After review of progress notes dated 08-10-2015 and 09-11-2015, the injured worker reported bilateral shoulder, bilateral hand, bilateral wrist, bilateral clavicular, bilateral elbow, bilateral arm, and mid thoracic pain rated 8 out of 10 on the pain scale at time of visit with a range of 6-10 out of 10 on the pain scale. Objective findings included decreased cervical range of motion with well-healed post surgical scar on the right shoulder and right posterior elbow. The request for authorization dated 09-11-2015 requested orthopedic evaluation, Norco 10-325mg by mouth twice a day #80 for severe pain, and follow up in 6 weeks. The Utilization Review with a decision date of 09-22-2015 modified the request for Norco 10-325mg #80 to Norco 10- 325mg #65.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The claimant was injured three years ago, with shoulder issues. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. It is noted that a partial certification was made in the prior review. In the clinical records provided, it is not clearly evident these key criteria have been met in this case for continuance of opiates. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.