

Case Number:	CM15-0197284		
Date Assigned:	10/12/2015	Date of Injury:	10/01/2007
Decision Date:	11/19/2015	UR Denial Date:	10/05/2015
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: 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:

This injured worker is a 60 year old male who reported an industrial injury on 10-1-2007. His diagnoses, and or impressions, were noted to include: rotator cuff tendinitis, status-post left shoulder arthroscopic surgery (9-13 vs. 11-13-14); cervical spine stenosis, status-post cervical 5-7 fusion; chronic lumbar sprain with lumbosacral spondylosis, disc protrusions-herniations, and bilateral lower extremity radiculitis; bilateral knee sprains with right knee meniscus tear and post-traumatic arthritis in the bilateral knees. Recent x-rays of the left shoulder were done on 1-20-2015; no imaging studies were noted. His treatments were noted to include left shoulder surgery with physical therapy; a home exercise program; medication management; and rest from work as he was noted retired as of 3-10-2015. The progress notes of 8-10-2015 were hand written and difficult to decipher, but were noted to report: neck pain that radiated to the bilateral shoulders; persistent left shoulder pain which limited his physical activity; and difficulty with sleeping, not exceeding 5 continuous hours. The objective findings were noted to include tenderness in the left shoulder and decreased motor strength. The physician's request for treatments Norco 10-325 mg, 1 every 6 hours (illegible), #60. No request for authorization for a pain management consultation, and treatment, and for Norco 10-325 mg, #60 was noted in the medical records provided. The Utilization Review of 10-2-2015 non-certified the request for a pain management consultation, and treatment, and 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 10/325 mg #60: Upheld

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

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, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/10/15. Therefore the determination is not medically necessary.

Pain management consultation (evaluation and treatment): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The request is not medically necessary.

