

Case Number:	CM15-0197638		
Date Assigned:	10/14/2015	Date of Injury:	08/17/2008
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
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

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 58 year old woman sustained an industrial injury on 8-17-2008. Diagnoses include left shoulder pain and chronic pain syndrome. Treatment has included oral medications including Norco, Xanax, and Pristiq. Physician notes dated 9-3-2015 show complaints of left shoulder pain rated 8-9 out of 10 with radiation to the left upper extremity, neck and causes headaches. She also complains of depression. The physical examination shows left shoulder abduction 10-20 degrees, normal strength in the right shoulder, however, the left shoulder is difficult to assess due to pain, decreased effort, and the worker holding it. Recommendations include Norco, Pristiq, Xanax, and follow up in four weeks. Utilization Review denied a request for Norco on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 by mouth twice a day #60 (30 day supply) with zero refills: Upheld

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

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 left shoulder radiating into her left upper extremity, into her neck. It causes headaches. She continues to complain of depression. The request is for Norco 10/325mg, 1 by mouth twice a day #60 (30 day supply) with zero refills. The request for authorization is not provided. The patient is status post left shoulder revision surgery, 02/2014. Patient's diagnoses include left shoulder pain; chronic pain syndrome. Physical examination reveals she holds her left shoulder close to her body. Her left shoulder abduction is barely 10 to 20 degrees in abduction. Strength in the right upper extremity is within normal limits. On the left, difficult to assess due to pain and decreased effort due to pain. She has not had any psychological treatment. Patient's medications include Norco, Xanax, and Pristiq. The patient's work status is not provided. 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." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 04/15/15. 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. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion regarding adverse effects but not aberrant drug behavior. A UDS dated 04/15/15 is provided for review. In this case, treater has not adequately discussed all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.