

Case Number:	CM15-0199465		
Date Assigned:	10/14/2015	Date of Injury:	02/17/2011
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/09/2015

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, 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 52 year old female, who sustained an industrial injury on February 17, 2011. The injured worker was diagnosed as having carpal tunnel syndrome unspecified of the upper limb, lesion of the ulnar nerve with unspecified upper limb, pain to the left shoulder, pain in the unspecified elbow, and pain in the unspecified finger. Treatment and diagnostic studies to date has included medication regimen, status post right and left shoulder surgery, laboratory studies, and status post left carpal tunnel release on September 30, 2013. In a progress note dated October 02, 2015 the treating physician reports complaints of pain to the left shoulder. Examination performed on October 02, 2015 was revealing for tenderness to the acromioclavicular joint and coracoid process, decreased range of motion to the right shoulder, decreased range of motion to the left shoulder, positive left Hawkin's testing, tenderness to the medial left elbow, left elbow erythematous, decreased range of motion to the left elbow, tenderness to the left palmar scar, tenderness to the left volar wrist, decreased range of motion to the left wrist, positive left Phalen's testing, and decreased sensation to the ring finger and the little finger on the left. On October 02, 2015 the injured worker's current medication regimen included Nabumetone, MS Contin, and Norco since at least prior to March 20, 2015. The injured worker's pain level on October 02, 2015 was rated a 5 on a scale of 1 to 10 with the use of her medication regimen and a 9 on a scale of 1 to 10 without the use of the injured worker's medication regimen. On October 02, 2015 the treating physician noted that the injured worker has "improved capability of activities of daily living" with self-care and home chores with the use of her medication regimen. The treating physician performed a left shoulder injection during

the visit on October 02, 2015. On October 02, 2015 the treating physician requested Norco 10-325mg with a quantity of 180 for pain and MS Contin 15mg with a quantity of 180 for long acting pain control and to "possibly decrease Norco." The patient sustained the injury due to cumulative trauma. The patient had UDS on 1/20/15 and on 11/21/14 that was consistent. The medication list include Nabumatone, Cymbalta, Advair, Norco, and MS Contin. The patient had received an unspecified number of PT visits for this injury. Per the note dated 10/13/15 the patient had complaints of pain in right shoulder and right upper extremity at 3/10 with medication and 9/10 without medication. Physical examination of the right shoulder and upper extremity revealed decreased sensation, reflexes, limited range of motion, tenderness on palpation, and positive Hawkins sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 180.00: Overturned

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: Request: Norco 10/325mg QTY 180.00. This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; Continuing review of the overall situation with regard to non-opioid means of pain control; Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines, Short-acting opioids: also known as normal-release or immediate-release, opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The patient's surgical history include right and left shoulder surgery, laboratory studies, and left carpal tunnel release on September 30, 2013. On October 02, 2015 the treating physician noted that the injured worker has "improved capability of activities of daily living" with self-care and home chores with the use of her medication regimen. The treating physician performed a left shoulder injection during the visit on October 02, 2015. The patient had a UDS on 1/20/15 and on 11/21/14 that was consistent. Per the note dated 10/13/15 the patient had complaints of pain in right shoulder and right upper extremity at 3/10 with medication and 9/10 without medication. Physical examination of the right shoulder and upper extremity revealed decreased sensation, reflexes, limited range of motion, tenderness on palpation, and positive Hawkins sign. Therefore the patient has chronic pain along with significant abnormal objective findings. There is no evidence of aberrant behavior. Non opioid medications including NSAID, Nabumetone, and antidepressant Cymbalta are already being taken by the patient. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication Norco 10/325mg QTY 180.00 is medically necessary and appropriate in this patient.

MS Contin 15mg QTY 180.00: 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: Request: MS Contin 15mg QTY 180.00. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; Continuing review of the overall situation with regard to non-opioid means of pain control; Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (anticonvulsants), without the use of this opioid, was not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 15mg QTY 180.00 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.