

Case Number:	CM15-0202248		
Date Assigned:	10/19/2015	Date of Injury:	05/15/2014
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 58 year old female, who sustained an industrial injury on May 15, 2014. The injured worker was diagnosed as having right shoulder impingement versus cervical radiculopathy, right lateral epicondylitis, and right shoulder arthroscopy. Treatment and diagnostic studies to date has included physical therapy, medication regimen, use of transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the right shoulder, and use of H-wave unit. In a progress note dated September 01, 2015 the treating physician reports complaints of pain to the shoulder. Examination performed on September 01, 2015 was revealing for tenderness to the right shoulder and decreased range of motion to the right shoulder with pain. The injured worker's medication regimen on September 01, 2015 included Norco (since at least February 10, 2015), Anaprox, and Voltaren Gel. The injured worker's pain level on September 01, 2015 was rated a 10 out of 10 without the use of the injured worker's medication regimen and was rated to a 0 out of 10 with the use of her medication regimen. The progress note from September 01, 2015 indicated that the injured worker is able to bath, groom, shop, cook, perform housework, and laundry with the use of her medication regimen and has difficulty with all of these tasks without the use of her medication regimen. On September 01, 2015 the treating physician requested the medication of Norco 10-325mg with a quantity of 90 for continued complaints of post-operative pain. On September 14, 2015 the Utilization Review determined the request for Norco 10-325mg with a quantity of 90 to be non- approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, from the exam note of 9/1/15. Therefore the determination is not medically necessary.