

Case Number:	CM15-0203016		
Date Assigned:	10/19/2015	Date of Injury:	09/15/2005
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 9-15-05. Medical records indicate that the injured worker is undergoing treatment for pain in the shoulder joint, carpal tunnel syndrome, myofascial pain syndrome and lateral epicondylitis. The injured worker is permanently disabled. On (8-21-15) the injured worker complained of continued right wrist, elbow and shoulder pain radiating to the neck. The injured worker noted terrible spasms of the hands in which she had no control over. The spasms contorted her hands and lasted for several minutes. The pain was rated 5 out of 10 with medications on the visual analogue scale. Objective findings noted cervical tenderness and a decreased range of motion. Right upper extremity examination revealed tenderness to palpation and a decreased and painful abduction. Lumbar spine examination revealed tenderness at the facet joint and a decreased range of motion. Subsequent progress notes (7-22-15 and 6-19-15) indicate that then injured workers pain levels varied from 4-8 out of 10 with medications. With medications, the injured worker was able to do self-care, household tasks and enjoy her family and friends. Documented treatment and evaluation to date has included medications, physical therapy (12), urine drug screen (8-21-15) and a wrist splint. Current medications include Oxycodone (since at least February of 2015), Sertraline, Norco (since at least February of 2015), Vitamin D, Lisinopril, Phenergan and Carvedilol. The current treatment requests are for Norco 10-325 mg # 90 and Oxycodone 30 mg # 150. The Utilization Review documentation dated 9-14-15 non-certified the requests for Norco 10-325 mg # 90 and Oxycodone 30 mg # 150.

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 for chronic pain.

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

Decision rationale: The patient presents with continued right wrist, elbow and shoulder pain radiating to the neck. The current request is for Norco 10/325 #90. The treating physician states, in a report dated 08/21/15, "Norco 10 mg-325 mg tablet, 1 Tablet(s), PO, q4hrs prn, 30 days, for a total of 90, start on August 21, 2015, end on September 19, 2015 and mf." (89B) The MTUS guidelines state, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). No adverse effects or adverse behavior were discussed in the medical reports provided. The patient's last urine drug screen was available for review, however there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Norco. The current request is not medically necessary.

Oxycodone 30mg #150: 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: The patient presents with continued right wrist, elbow and shoulder pain radiating to the neck. The current request is for Oxycodone 30mg #150. The treating physician states, in a report dated 08/21/15, "Oxycodone 30 mg-325 mg tablet, 1 Tablet(s), PO, Q4H PRN, 30 days, for a total of 150, start on August 21, 2015, end on September 19, 2015 and mf." (89B) The MTUS guidelines for opioid usage requires documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case the treating physician has failed to show any functional benefit from the ongoing usage of Oxycodone or to address adequately the other components of the 4 A's. The current request is not medically necessary.

