

Case Number:	CM15-0204237		
Date Assigned:	10/21/2015	Date of Injury:	06/12/2009
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/17/2015

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 59 year old male, who sustained an industrial injury on 6-12-2009. The injured worker was being treated for right shoulder pain status post arthroscopic surgery in 2009, left shoulder pain status post arthroscopic surgery in 2012, right carpal tunnel syndrome and right cubital tunnel syndrome status post right carpal tunnel release and right de Quervain's surgery on 3-2-2015, and depression due to pain. The injured worker (7-22-2015, 8-20-2015, and 9-25-2015) reported ongoing bilateral shoulder, right wrist and hand, neck, and low back pain. The medical records (7-22-2015) did not include documentation of the subjective pain ratings. The medical records (8-20-2015) show the subjective pain rating of the bilateral shoulder was 8-9 out of 10. The medical records (9-25-2015) show the subjective pain rating of the bilateral shoulder was 7-8 out of 10 and neck and low back was 6 out of 10. The treating physician (7-22-2015, 8-20-2015, and 9-25-2015) noted pain relief of 50% or more with the current opioids, no significant adverse side effects, no aberrant behavior, and the current opioids help with continued activities of daily living. Current medications include pain (Norco since at least 3-2015), proton pump inhibitor, antidepressant, and non-steroidal anti-inflammatory. The physical exam (7-22-2015, 8-20-2015, and 9-25-2015) reveals a pink but well-healed carpal tunnel scar of the right wrist and hand, a pinkish and minimally tender scar over the distal radial wrist, mild tenderness to palpation of the first dorsal interosseous muscle with mild induration, and normal range of motion. The treating physician noted well-healed surgical scars over the bilateral superior shoulder regions, decreased range of motion of the bilateral shoulders, moderate tenderness over the right shoulder supraspinatus, acromioclavicular region, and upper deltoid region. The treating physician noted mild tenderness of the acromioclavicular and upper deltoid

regions. A recent urine drug screen was not included in the provided medical records. Treatment has included physical therapy, chiropractic therapy, and medications. Per the treating physician (9-25-2015 report), the remains temporary totally disabled. The requested treatments included Norco 5-325 mg #60. On 10-1-2015, the original utilization review modified a request for Norco 5-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 60, 1 tablet 2 times daily with monthly refills: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, 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, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/25/15. Therefore, the request is not medically necessary and the determination is for non-certification.