MAXIMUS Federal Services

Case Number:	CM15-0208665		
Date Assigned:	10/27/2015	Date of Injury:	05/11/2010
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 is a 44-year-old female with a date of industrial injury 5-11-2010. The medical records indicated the injured worker (IW) was treated for cervical and lumbar radiculopathy; status post right shoulder surgery; right carpal tunnel syndrome; and status post right wrist surgery. In the progress notes (8-27-15), the IW reported constant neck pain and low back pain, rated 7 out of 10, radiating to the left upper extremity and right lower extremity, respectively, with numbness and tingling; constant right shoulder pain rated 6 out of 10; and constant right wrist pain rated 8 out of 10. At the 7-30-15 office visit, subjective complaints were the same except right shoulder pain was 3 out of 10 and wrist pain was 7 out of 10. On examination (7-30-15, 8-27-15 notes), ranges of motion were documented for the cervical and lumbar spine and the right shoulder and wrist, which were slightly improved at the right shoulder and right wrist, but slightly decreased in lumbar flexion. No other details were given. Treatments included shockwave therapy, chiropractic treatments, physical therapy and medications. Medications included Cyclobenzaprine and Norco (since at least 5-2015). The documentation did not indicate the efficacy or any functional improvement as a result of the medication. No drug screen results were noted in the records submitted. The records also lacked whether the IW projected any aberrant drug behaviors. A Request for Authorization was received for Norco 10-325mg #60. The Utilization Review on 10-14-15 modified the request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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 on 08/21/815 with neck pain rated 7/10 which radiates into the left upper extremity, lower back pain rated 8/10 which radiates into the right lower extremity, right shoulder pain rated 4/10, and right wrist pain rated 4/10. The patient's date of injury is 05/11/10. The request is for NORCO 10/325MG #60. The RFA is dated 10/06/2015. Physical examination dated 08/21/15 reveals reduced cervical range of motion in all planes, tenderness to palpation along the cervical spine, reduced right shoulder range of motion in all planes, reduced right wrist range of motion in all planes with positive Phalen's sign noted bilaterally, and tenderness along the carpal bones in the right wrist. The patient is currently prescribed Norco and Flexeril. Patient's current 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." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress notes dated 08/21/15 and 10/20/15 do not address analgesia via a validated scale, provide any functional improvements, discussion of urine drug screening consistency, or include a statement regarding aberrant behavior. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no indication that the patient is inconsistent with her prescribed medications. However, the provider fails to specify analgesia via a validated scale, activity-specific improvements attributed to Narcotic medications, and a discussion regarding a lack of aberrant behavior. Without such documentation, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.