

Case Number:	CM15-0027599		
Date Assigned:	02/19/2015	Date of Injury:	12/29/2008
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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:

The injured worker is a 51 year old female, who sustained a work related injury on 12/29/08. The diagnoses have included shoulder joint pain, cervical spondylosis with myelopathy, brachial neuritis/radiculitis and muscle spasms. Treatments to date have included oral medications including Norco, Flector patches, and right shoulder surgery, manipulation of right shoulder under anesthesia, physical therapy and right shoulder steroid injections. In the PR-2 dated 1/26/15, the injured worker complains of neck and right shoulder pain. She rates the pain a 7/10 on medications and a 9/10 off of medications. She is sleeping poorly. She has restricted range of motion in neck. She has tenderness to palpation with spasm of the neck musculature. She has decreased range of motion in right shoulder with tenderness to palpation. On 2/4/15, Utilization Review modified a request for Norco 10-325mg., 4x/day as needed, #120 to Norco 10-325mg., 4x/day as needed, and #60. The California MTUS, Chronic Pain Treatment Guidelines and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg Take 1 Four Times A Day PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and shoulder pain. The request is for Norco 10/325 mg take 1 four times a day prn # 120. Patient is status post right shoulder surgery 09/27/09 and manipulation under anesthesia 04/26/10. Physical examination on 01/26/15 to the cervical spine revealed tenderness to palpation to the paracervical muscles bilaterally and radiating pain on the right side. Range of motion was decreased, especially on extension 20 degrees. Physical examination to the right shoulder revealed tenderness to palpation in the biceps groove and subdeltoid bursa. Range of motion was decreased, especially on extension 15 degrees. Patient utilizes a TENS unit Per 01/26/15 progress report, patient's diagnosis include cervical radiculopathy, cervical facet syndrome, shoulder pain and spasm of muscles. Patient's medications, per 01/26/15 progress report include Norco and Neurontin. Patient is permanent and stationary. MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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. In this case, only one progress report was provided. The request is for Norco 10/325 # 120. UR letter dated 02/04/15 has modified the request to # 60, stating that details regarding objective functional gains with Norco use are not documented. Treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia; no opioid pain agreement. Or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.