

Case Number:	CM15-0043916		
Date Assigned:	03/13/2015	Date of Injury:	02/12/2001
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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 70 year old male, who sustained a work/ industrial injury on 2/12/01. He has reported initial symptoms of pain in both shoulders and inguinal pain. The injured worker was diagnosed as having left rotator cuff impingement with partial rotator cuff tear, acromioclavicular joint arthrosis and superior labral anteroposterior lesion, type II, biceps tendon. Treatments to date included medication, surgery, physical therapy, and shoulder injection. X-ray on 7/30/03 reported joint space narrowing without abnormality of the right shoulder. Magnetic Resonance Imaging (MRI) of left shoulder reported mild generalized rotator cuff tendinopathy, involving mainly the supraspinatus with no retraction noted. Currently, the injured worker complains of unchanged pain intensity in the back and shoulder rated 9/10 without medication and 3/10 with medication. Diagnosis was lumbar sprain and strain; lumbago. The treating physician's report (PR-2) from 2/4/15 indicated per physical exam that there were no changes. Right shoulder flexion and abduction is 130 degrees, extension is 20 degrees. On the left flexion is 150 degrees, extension is 20 degrees, and abduction is 140 degrees. Back flexion is 80 degrees, extension is 10 degrees, and right and left lateral bending is between 50 and 75% normal. Medications included Norco, Gabapentin, Naproxen, and Zolpidem Tartrate. Treatment plan included continuing current medication to include Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with back and shoulder pain rated at 3/10 with and 9/10 without medication. The request is for Norco 10/325 #180. The request for authorization is dated 02/10/15. He will continue his medications. He is averaging anywhere from 2-5 Norcos per day. Patient's medications include Norco, Naprosyn, Gabapentin, Ambien, Lotrel, Lipitor, Omeprazole, Lexapro and Baby Aspirin. The patient is on limited-duty. 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 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 p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient is prescribed Norco since at least 01/31/14. MTUS requires appropriate discussion of the 4A's, and in discussing analgesia, treater documents patient's pain level at 9/10 without medication and significantly reduced to 3/10 with medication, showing significant pain improvement. However, in addressing the other 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is a consistent UDS report dated, 07/08/14, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.