

Case Number:	CM15-0046913		
Date Assigned:	03/19/2015	Date of Injury:	05/14/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 54 year old male, who sustained an industrial injury on 5/14/2012. The diagnoses have included chronic cervical sprain, discogenic disease, bilateral rotator cuff tears, impingement, and chronic hip sprain. Treatment to date has included steroid injections, shoulder surgery, cervical surgery and medication. According to the progress report dated 2/26/2015, the injured worker had complaints related to his cervical spine, both shoulders and both hands. His function continued to be poor; he dropped things and had poor coordination of his hands. He was taking up to two Norco and Naprosyn per day. Physical exam revealed stiffness to the cervical spine. He had passive glenohumeral motion and limited active motion bilaterally. The treatment plan was for additional Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91 124.

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

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with pain to the cervical spine, bilateral shoulders and hands. The request is for Norco 10MG/325 #60. Patient is status post cervical disc replacement surgery date unspecified, left shoulder surgery 04/26/13, and right shoulder surgery 11/08/13. RFA not provided. Patient's diagnosis per QME report dated 12/14/14 included bilateral rotator cuff tears and impingement, chronic hip sprain likely early degenerative joint disease, and chronic cervical sprain. Treatment to date has included steroid injections, shoulder surgery, cervical surgery and medication. Patient's medications include Norco and Naprosyn. Per QME report dated 12/14/14, the patient is temporarily totally disabled since June 2012. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 11/06/14, 01/15/15, and 02/26/15. Per progress report dated 01/15/15, treater states, "at the present time the patient appropriately takes two Norco 10mg tablets per day. Based upon his current status and his ongoing shoulder, wrist and hand complaints and his desire not to have an immediate surgery on his carpal tunnel syndrome, I believe this is a reasonable medication at this time. I also believe this patient should continue to have two such pills available to him per day." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or Cures reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.