

Case Number:	CM15-0084334		
Date Assigned:	05/06/2015	Date of Injury:	07/21/2008
Decision Date:	06/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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 was a 56 year old female, who sustained an industrial injury, July 21, 2008. The injury was sustained when a co-workers hair got entangled in a machine. The injured worker was holding the hand piece until the machine stopped so the coworker would not be injured. The injured worker fell to the ground and had a sharp pain in the neck and difficulty moving the upper extremities. The injured worker previously received the following treatments carpal tunnel syndrome, Omeprazole, Neurontin, Carisoprodol, Butrans Patches, Zolpidem, cervical neck fracture repairs 2010, fibromyalgia pain, epidural steroid injects, Oxycodone and laboratory studies. The injured worker was diagnosed with cervical disc disorder with myelopathy, brachial neuritis or radiculitis, shoulder impingement syndrome, cervical spondylosis without myelopathy, elbow strain/sprain, cervical spine degeneration, thoracic spine pain, carpal tunnel syndrome and cervicalgia. According to progress note of March 24, 2015, the injured workers chief complaint was no significant change from the last visit. The physical exam noted well healed scar at the posterior aspect of the neck and anterior aspect of the neck. The range of motion was significantly restricted. The Spurling's test was positive on the right. The right anterior shoulder there was tenderness with palpation. There was decreased range of motion of the lumbar spine. Motor and sensory were grossly intact. The right elbow was tender to touch at the medical aspect. The treatment plan included a prescription for Norco on March 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Per the 03/24/15 progress report by the requesting physician, [REDACTED] the patient presents with listed diagnoses of Brachial Neuritis or Radiculitis, Shoulder Impingement and Lumbar radiculopathy. The current request is for Norco 10/325 #120 Hydrocodone, an opioid. The RFA included is dated 03/24/15. The patient is not working. 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. While the reports provided for review do not list Hydrocodone as a prescribed medication prior to 03/24/15, the 04/16/15 PTP report by [REDACTED] mentions the patient will need detoxification from Hydrocodone and Soma. She has been prescribed an opioid, Butrans Patch, on a long-term basis since at least 07/14/14. While the requesting physician states on 11/05/14 that the patient's pain is unbearable without the use of Butrans patches, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. Pain scales are not routinely used to assess pain in the reports provided for review, and no specific ADL's are mentioned to show a significant change with the use of opioids. Opiate management issues are not fully addressed. [REDACTED] states on 10/23/14 that the patient experienced withdrawal symptoms when she was unable to find her pain patches; however, no UDSs are provided for review or documented and there is no mention of CURES. Side effects are not discussed. In this case, the 4A's have not been documented as required by the MTUS guidelines for long-term opioid use. The request is not medically necessary.