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| Case Number: | CM15-0085323 | | |
| Date Assigned: | 05/07/2015 | Date of Injury: | 08/23/2010 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 an industrial injury on 8/23/2010. Diagnoses include frozen left shoulder status post froze shoulder surgery on 9/19/2012 for partial anterior acromioplasty and coracoacromial ligament release and manipulation under anesthesia, chronic right shoulder pain, bilateral upper extremity pain and numbness with left medial epicondylitis, bilateral forearm tendinitis rule out carpal tunnel syndrome, right ulnar neuropathy and chronic low and bilateral lower extremity pains. Treatment to date has included diagnostics including EMG (electromyography) (5/22/2013) and magnetic resonance imaging (MRI) (3/17/2014 and 8/18/2014), surgical intervention, epidural injections, H wave and medications. Per the Primary Treating Physician's Progress Report dated 3/10/2015, the injured worker reported low back pain and bilateral upper extremity pain. Physical examination revealed significant restriction of range of motion of bilateral shoulders, left worse than right. She had increased pain in both shoulders at end range. She was able to flex the right to about 90 degrees and the left to about 40 degrees. The plan of care-included administration of medications and authorization was requested for Paxil 20mg and Norco 10/325mg dispensed on 3/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325 MG DOS 3/10/15 Qty 300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does document the intensity of pain after taking opioid at a 7/10 down from a 10/10 without medication and it appears the patient is able to return to work modified duty, there is no documentation of how long it takes for pain relief; and how long pain relief lasts. The treating physician has not provided objective functional improvement that warrants the use of opioids past 2-week guideline recommendations. The previous reviewer modified the request to Norco 10/325mg QTY 150, a one-month supply. As such, the request for Retro Norco 10/325 MG DOS 3/10/15 Qty 300 is not medically necessary.