

Case Number:	CM15-0085941		
Date Assigned:	05/08/2015	Date of Injury:	03/18/2015
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on March 18, 2015. He reported constant pain in the left posterior shoulder and between the shoulder blades, and intermittent pain radiating down into the forearm. The injured worker was diagnosed as having cervical strain with dense spasm in the left trapezius, left cervical radiculopathy, and left shoulder impingement. There were no diagnostic studies included in the provided medical records. Treatment to date has included medications including short-acting opioid, long acting opioid, and cannabinoid. On April 9, 2015, the injured worker complains of constant pain in the left posterior shoulder and between the shoulder blades, and intermittent pain radiating down into the forearm. His pain level with medication = 8/10 and without medication = 10/10 on a visual analogue scale. The physical exam revealed marked tenderness over the bilateral trapezius and superior scapular border with dense spasm. There was decreased sensation over the left cervical 5, cervical 6, cervical 7, and cervical 8 dermatome distribution, and the right cervical 5, cervical 7, and cervical 8. There was a positive left Spurling's, normal right upper extremity motor power, decreased left upper extremity motor power due to severe pain, and decreased bilateral upper extremity reflexes. Jamar testing revealed right hand = 8/10/10kg and left hand = 24/24/22kg. The left shoulder exam revealed minimal tenderness over the acromioclavicular joint, normal range of motion, a positive impingement sign, decreased internal rotator strength with pain, a positive Tinel's over the cubital tunnel and negative Tinel's over the carpal tunnel. The treatment plan includes Medrol dose pack to decrease the inflammation and spasm and Norco. The injured worker was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in march 2015 and continues to be treated for radiating neck and shoulder pain. When seen, there was left upper extremity weakness with decreased sensation and positive Spurling's testing. Medications being prescribed were Morphine and Norco at a total MED (morphine equivalent dose) less than 120 mg per day. Medications were decreasing pain from 10/10 to 8/10. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing some degree of pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Medrol dose pack 4mg #21: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant sustained a work-related injury in march 2015 and continues to be treated for radiating neck and shoulder pain. When seen, there was left upper extremity weakness with decreased sensation and positive Spurling's testing. Medications being prescribed were Morphine and Norco at a total MED (morphine equivalent dose) less than 120 mg per day. Medications were decreasing pain from 10/10 to 8/10. Oral corticosteroids can be recommended for acute radicular pain as in this case. The request was medically necessary.

