MAXIMUS Federal Services

Case Number:	CM15-0087294		
Date Assigned:	05/11/2015	Date of Injury:	08/23/2007
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old male who sustained an industrial injury on August 23, 2007. Previous treatment includes physical therapy, medications, modified work duties, right shoulder surgery, imaging of the bilateral shoulder, and right shoulder cortisone injection. An evaluation on December 11, 2014 reveals the injured worker complains of bilateral shoulder pain. There is associated loss of motion, strength and endurance. He reports diffuse swelling of his entire left upper extremity and he uses a compression garment for the entire left upper extremity. He reports stiffness in all fingers and swelling in his left hand. Diagnoses associated with the evaluation include right shoulder glenohumeral and acromioclavicular joint degenerative joint disease, left shoulder acromioclavicular degenerative joint disease, left elbow medial and lateral epicondylitis and possible meniscus tear and osteoarthritis of the left knee. His treatment plan includes a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is joint stiffness not elsewhere classified shoulder. The injured worker underwent a left reverse total shoulder replacement. The medical record contains 35 pages. The earliest medical record dated September 30, 2014 subjectively states the injured worker is taking Norco, Lyrica and Celebrex. There are no VAS pain scores documented in the medical record. There is no physical examination documented in medical record. The start date for Norco is unclear based on the available documentation for review. The request for authorization is dated March 27, 2015. The most recent progress note is dated May 5, 2015. There is no contemporaneous progress note on or about the date of request for authorization (March 27, 2015). The most recent progress note (May 2015) does not contain VAS pain scores and there is no physical examination. There is no documentation of objective functional improvement. The medical records not contain risk assessments for detailed pain assessments. There has been no attempt at weaning. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg with documentation not including the VAS scores and physical examinations, Norco 10/325mg # 240 is not medically necessary.