

Case Number:	CM14-0178481		
Date Assigned:	10/31/2014	Date of Injury:	11/18/2002
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female with a date of injury of 11/18/2002. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy. 2. Lumbosacral radiculopathy. 3. Shoulder impingement. 4. Elbow tendinitis/bursitis. 5. Wrist tendinitis/bursitis. According to progress report 10/02/2014, the patient presents with cervical, lumbar, shoulder, bilateral elbow, and bilateral wrist pain. Examination revealed decreased ROM of the cervical and lumbar spine with spasm, guarding, and tenderness. Examination of the bilateral shoulders revealed positive impingement sign. Examination of the bilateral elbow revealed tenderness over the lateral epicondyle. Examination of the wrist revealed pain with resisted extension with positive Phalen's on both sides. Under treatment plan, it is noted that the patient has been prescribed Norco. Utilization review denied the request on 10/22/2014. Treatment reports from 06/03/2014 through 10/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 5/325mg, #60 with 5 refills: Overturned

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): 88, 89 ; 76-78.

Decision rationale: This patient presents with cervical, lumbar, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The treater is requesting 1 prescription of Norco 5/325mg, #60 with 5 refills. The 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 validated instrument." MTUS page 78 also requires documentation of the 4 A's (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. Review of the medical file indicates the patient is status post right shoulder rotator cuff repair on 06/18/2014 and continues with pain. The patient has been utilizing Norco since at least 06/03/2014. Treater states that the patient is prescribed Norco for his moderate to severe pain as anti inflammatories alone are insufficient to address his pain component. Report of 10/02/2014 states: "Reduction in analgesia at least 30% to 40%." The patient notes improved functional capacity with activities of daily living including self-grooming and chores around the house. There are no significant adverse side effects noted. Urine drug screen from 06/24/2014 was consistent with the medications prescribed. Report 07/23/2014 indicates the patient has pain 100% of the time and medications helped to alleviate the pain. The patient is temporarily totally disabled. In this case, the treater has documented decrease in pain, and has provided specific functional improvement with taking Norco. Furthermore, the patient is noted to have no adverse side effects with his medications and urine drug screens have been consistent with the medications prescribed. Given the treater has provided sufficient documentation for opiate management, recommendation is for approval. The request is medically necessary.