Case Number:	CM14-0091679		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2002
Decision Date:	06/09/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 63-year-old male who sustained an industrial injury on 12/18/2002. He reported a dislocated shoulder. The injured worker was diagnosed as having bilateral shoulder, internal organ, and cervical spinal cord complaints. Treatment to date has included C5-C7 anterior discectomy cervical fusion, superior labrum anterior posterior shoulder repair, and medication administration by oral, injectable and topical routes. Currently, the injured worker complains of neck and right arm pain that started after his anterior cervical decompression. With flexion, he has pain in the anterior neck. He reports constant aching pain in the right paracervical region and constant tingling in both feet. The applicant is a represented 63- year-old who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of December 18, 2002. In a Utilization Review report dated May 27, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced progress notes of May 13, 2014 and May 8, 2014 in its determination. The applicant's attorney subsequently appealed. On May 8, 2014, the applicant reported multifocal complaints of low back, leg, arm, shoulder, and chest wall pain, 4/10 with medications versus 10/10 pain without medications. In another section of the note, it was stated that the applicant's pain scores were in the 8/10 range owing to a recent flare in pain complaints. The applicant was off of work, it was acknowledged. The attending provider suggested that the applicant would be unable to go to grocery store without Norco. The attending provider acknowledged that the applicant was quite sedated with Norco usage. Multiple medications were renewed, including Norco and Neurontin. Lidoderm patches were endorsed on a trial basis. The applicant was obese, standing 6 feet 2 inches tall and weighing 280 pounds. Forearms hands, and fingers with constant aching pain in the left anterior shoulder and axilla. He rates his pain as 10/10 without

pain meds and 4/10 with meds. With this most recent flare up he has had 8/10 pain. On exam a palpable band and twitch response is noted in the right middle trapezius causing pain referral to the right shoulder. There was point tenderness at the seventh rib in the posterior axillary line, decreased abduction of the right shoulder, full range of motion of the left shoulder. The right anterior chest was painful to palpation at about the T5 costochondral junction. His extension of the right arm is to -15 degrees, triceps reflex 0+ bilaterally and sensation is intact to light touch in upper extremities bilaterally. The worker has not responded to the treatment of nerve pain with gabapentin therefore the provider is requesting Lidoderm patches to control right infra-axillary pain. The neuropathic pain originated post anterior cervical decompression. Ibuprofen was discontinued secondary to a worsening of the worker's hypertension and replaced with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco (Hydrocodone-Acetaminophen) 7.5 / 325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, it was acknowledged on a progress note of May 8, 2014. While the attending provider did recount some reported reduction in pain scores, said reduction in pain scores was outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy (if any). The attending provider's commentary to the effect that the applicant would be unable to shop for his groceries without medications did not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.