

Case Number:	CM15-0122562		
Date Assigned:	07/02/2015	Date of Injury:	03/04/2010
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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

Certification(s)/Specialty: Emergency 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 67-year-old female, who sustained an industrial injury on 3/4/10. Initial complaints were of the left shoulder, left hand, bilateral knees and low back. The injured worker was diagnosed as having bilateral knee derangement; left shoulder derangement; wrist/hand sprain. Treatment to date has included status post left shoulder arthroscopy rotator cuff repair, subacromial decompression/bicep tendon repair (1/6/11); status post left shoulder arthroscopy subacromial decompression/partial acromioplasty/distal clavicle resection (1/6/12); status post left trigger thumb release (8/17/12); right hip trochanteric bursa injection (2/27/14); bilateral L5-S1 epidural steroid injection (11/6/14); physical therapy; urine drug screening; medications. Diagnostic studies included MRI left wrist (5/2010); MRI left shoulder (6/11/10); MRI left knee (1/15/13); MRI left elbow (1/24/13); EMG/NCV study lower extremities (2/15/13). Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of more right hip and thigh. The provider continues to document she complains more falling as her ankles are weakened and the left knee buckles. She fell on 5/16/15 when the left knee buckled and she fell on the left elbow and left and right knees. She complains of increased pains and requesting more pain medications. She also complains of bilateral ankles swelling (lateral side) and there is pain and also with left swollen volar wrist. She complains of bilateral sciatica with now back spasms and also bilateral knees swollen. The injured worker reports complaints of right thigh/leg where she has the muscle tear. She complains of left knee pain especially where she has surgery and the left shoulder is hurting more and is impinged. The left elbow is also more in pain. The chronic pain has not allowed her to sleep. She continues to complain of right hip pain and the MRI shows a right labral tear. The tear occurred after a fall on 3/4/10. On 7/15/13 the injured worker fell onto the right leg after her right knee buckled. She complains of right lumbar radicular pain radiating to the left knee and to both legs. She is a status post bilateral lumbar L5-S1 transforaminal epidural steroid injection of 11/6/14. She also has weakness in the left arm and the shoulder locks

and catches. Her left hand is weak and drops items. She reports losing strength in the left hand. Her left knee is swollen and she uses a cane so the left neck, shoulder and left elbow is having more pain due to leaning on her cane. The provider reports she is a status post left knee arthroscopy with a partial medial meniscectomy on 10/17/12; status post left shoulder subacromial decompression/partial acromioplasty (1/6/12; status post left partial medial meniscectomy on 10/17/12; status post left thumb trigger finger release on 8/17/11. She is a status post left shoulder arthroscopy with rotator cuff repair and subacromial decompression on 1/6/11. The provider's treatment plan included Norco 10/325mg #70 and Cidaflex 400mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #70 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, 82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right lumbar radicular pain radiating to the left knee and to both legs. She is a status post bilateral lumbar L5-S1 transforaminal epidural steroid injection of 11/6/14. She also has weakness in the left arm and the shoulder locks and catches. Her left hand is weak and drops items. She reports losing strength in the left hand. Her left knee is swollen and she uses a cane so the left neck, shoulder and left elbow is having more pain due to leaning on her cane. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #70 is not medically necessary.

Cidaflex 400mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Page 50 Page(s): 50.

Decision rationale: The requested Cidaflex 400mg #90 is medically necessary. Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), Page 50 only recommend this supplement for knee osteoarthritis but not for disorders of the spine. The injured worker has right lumbar radicular pain radiating to the left knee and to both legs. She is a status post bilateral lumbar L5-S1 transforaminal epidural steroid injection of 11/6/14. She also has weakness in the left arm and the shoulder locks and catches. Her left hand is weak and drops

items. She reports losing strength in the left hand. Her left knee is swollen and she uses a cane so the left neck, shoulder and left elbow is having more pain due to leaning on her cane. The treating physician has documented knee osteoarthritis. The criteria noted above having been met, Cidaflex 400mg #90 is medically necessary.