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| Case Number: | CM15-0125955 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 05/21/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 58-year-old female, with a reported date of injury of 05/21/2013. The mechanism of injury was the performance of repetitive heavy lifting and repetitive reaching up and out with arms causing chronic neck, shoulder, and upper arm pain. The injured worker's symptoms at the time of the injury included neck, shoulder, and upper arm pain. The diagnoses include shoulder pain, status post right rotator cuff repair, adhesive capsulitis of the shoulder, bilateral shoulder impingement, chronic pain syndrome, shoulder joint pain, bursitis of the left shoulder, brachial neuritis or radiculitis not otherwise specified, cervical herniated nucleus pulposus, neck pain, and radicular syndrome of the upper limbs. Treatments and evaluation to date have included oral medications, physical therapy for the right shoulder, which was not helpful, bilateral shoulder manipulation under anesthesia on 01/03/2014, and left shoulder cortisone injection. The diagnostic studies to date have included an x-ray of the bilateral shoulders which showed no evidence of fracture or dislocation; no abnormal soft tissue calcifications; and no acute disease; x-rays of the cervical spine which showed mild-to-moderate degenerative changes; an MRI of the right shoulder on 11/06/2014 and 03/05/2015; an MRI of the cervical spine; an MRI of the left shoulder on 03/05/2015; and electrodiagnostic studies of the upper extremity which showed median neuropathy at the carpal tunnel on the right side. The visit note dated 05/29/2015 indicates that the injured worker complained of neck pain, left shoulder pain, right shoulder pain, left elbow pain, and right elbow pain. She rated her pain as 9 out of 10. The pain radiated to the bilateral arms. The injured worker tolerated the medications well, and she showed no evidence of developing medication dependency. Her pain level was

increased since the last visit. The physical examination showed restricted cervical spine range of motion; spinous process tenderness noted on C7; tenderness at the trapezius muscle; positive bilateral cervical facet loading; restricted right shoulder range of motion due to pain; tenderness of the right acromioclavicular joint, biceps groove, coracoid process, glenohumeral joint, greater tubercle of humerus and subdeltoid bursa; tenderness to palpation over the bilateral lateral epicondyle, medial epicondyle, and olecranon process; positive Tinel's sign; motor testing limited by pain; and decreased light touch sensation over the lateral forearm on the right side. The injured worker was temporarily totally disabled until the next appointment. It was noted that the injured worker should follow-up in four weeks. On 04/02/2015, the injured worker rated her pain 9 out of 10. She had restricted bilateral shoulder range of motion with pain and restricted cervical spine range of motion. The injured worker was temporarily totally disabled until the next appointment. The treating physician requested Norco 10/325mg #100. The prescription was for one table of Norco by mouth, three to four times a day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 91; 124.

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The injured worker has been taking Norco since at least 08/26/2013. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was evidence that urine drug screenings were performed on 01/13/2015 and 04/02/2015, which were negative for opiates; and the results were inconsistent with the reported medication list. It was noted that she had not been taking her medications since her husband had been hospitalized and she was anxious about being drowsy or disoriented while caring for him. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker's work status has remained the same. Medical necessity of the requested medication has not been

established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.