

Case Number:	CM15-0126284		
Date Assigned:	07/10/2015	Date of Injury:	06/24/2010
Decision Date:	09/10/2015	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: Pediatrics, 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 57 year old male, who sustained an industrial injury on 06/24/2010. According to a progress report dated 05/04/2015, the injured worker had ongoing shoulder pain and low back pain. There were no new issues. The injured worker reported that he had jury duty and would not be able to stay in one position for more than 10 minutes. His legs would go numb and he would have to change positions. Diagnoses history included cervical degenerative disc disease, cervical facet arthropathy, and cervical radiculopathy, injury to ulnar nerve, lumbar degenerative disc disease, lumbar facet arthropathy, sacroiliac ligament insufficiency and shoulder impingement. The treatment plan included continuation of pain management with Norco 10 mg and a recheck in one month. The injured worker was to decide if he wanted to re do surgery or get another opinion. According to a progress report dated 06/04/2015, average pain level was rated 5-6 on a scale of 1-10 with medications and 7-8 without medications. He could not sit/stand for long. He had to constantly move around. He did activities of daily living and participated in family activities with the medications. Gabapentin helped leg and arm tingling. Physical examination of the cervical spine demonstrated pain with right rotation felt on the left, decreased rotation left by 30 degrees and to the right 45 degrees. Pain with extension and full flexion was noted. Elbow hyperflexion was positive for left 4th and 5th digit tingling. Tinels at elbow was positive on the left. Carpal compression test showed decreased sensation at left ulnar distribution. Left dorsal wrist was positive for mild swelling and tenderness. He was probably not doing shoulder surgery. A drug screen was due. He was on time with medications. Current medications included Gabapentin and Norco. The injured worker was holding off on repeat

shoulder surgery. The treatment plan included Norco 10 mg and increase Gabapentin 100 mg to 2 at bedtime. A salivary drug screen was to be performed. Follow up was recommended for 1 month. Currently under review is the request for Norco 325 mg/10 mg #75 (prescribed 06/04/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg/10mg #75 (Prescribed 06/04/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management/Opioids Page(s): 9, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain and the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of specific improvement in the work status, activities of daily living, and dependency on continued medical care with use of Norco. There was no discussion of current pain, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.