

Case Number:	CM15-0170787		
Date Assigned:	09/11/2015	Date of Injury:	01/29/1992
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury to the left shoulder, left hand and low back on 2-27-13. Previous treatment included left shoulder arthroscopy with subacromial decompression (5-27-14), physical therapy, chiropractic therapy, injections, psychiatric care, cognitive behavioral therapy and medications. Magnetic resonance imaging left upper extremity (5-7-15) showed mild thumb carpometacarpal joint osteoarthritis and mild extensor carpi ulnaris tendinosis. In the most recent PR-2 submitted for review, dated 6-10-15, the injured worker complained of pain to the left shoulder, lumbar spine and left hand, rated 9 out of 10 on the visual analog scale. The injured worker reported that her pain increased with motion and improved with Norco. The injured worker also reported having a stress induced rash to bilateral dorsal forearms. Documentation of physical exam was remarkable for was difficult to decipher. Current diagnoses included left rotator cuff tear status post arthroscopy, left mild carpal tunnel syndrome, lumbar spine sprain and strain with bilateral radiculitis, left knee sprain and strain, sleep disorder, headaches and constipation. The treatment plan included continuing Norco and a urine drug test On 7-29-15, Utilization Review noncertified a request for a pain management consultation for medication management noting lack of documentation confirming current prescriptions of anticipated need for controlled substances requiring ongoing pain management consultation and citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for neck, low back, left upper extremity and left lower extremity, and bilateral hand and foot/ankle pain. Medications are referenced as decreasing pain from an average of 6/10 to 2/10 and the claimant reports a tolerable level of pain of 3/10. When seen, there was decreased trunk flexion and the claimant was overweight. Norco and MS Contin were being prescribed at a total MED (morphine equivalent dose) of 130 mg per day with Norco 10/325 mg #30. This request is for Norco 10/325 #15. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, although the total MED being prescribed is more than that recommended weaning of the currently prescribed medications appears to be actively underway. Opioid medications are providing decreased pain to what the claimant indicates is a tolerable level. Continued weaning to the lowest effective dose would be expected. The request is considered medically necessary.