

Case Number:	CM15-0171324		
Date Assigned:	09/11/2015	Date of Injury:	07/19/2012
Decision Date:	10/09/2015	UR Denial Date:	08/20/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on July 19, 2012, resulting in pain or injury to the left shoulder. On August 7, 2015, the injured worker reported left shoulder pain, rating his pain with medications as 4 on a scale of 1 to 10, and a 9 without medications on a scale of 1 to 10. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, elbow pain, and lateral epicondylitis. The Treating Physician's report dated August 7, 2015, noted the injured worker reported his pain was worse with poor quality of sleep. The injured worker reported having gone back to work on June 29, 2015, with left shoulder pain worse since returning to work, calling in sick to work due to pain. The injured worker's current medications were listed as Amitriptyline, Fentanyl patch, Norco, and Ativan, all prescribed since at least September 26, 2014. The physical examination was noted to show the injured worker in "mild-to-moderate pain". The physical exams, dated June 12, 2015, and August 7, 2015, revealed an increase in the pain without medication from a 7 to a 9 on a scale of 1 to 10. The provider noted the injured worker's pain decreased from 9 out of 10 to 5 out of 10 with the Fentanyl patches and the Norco decreased the pain from 7 out of 10 to 4 out of 10. The Fentanyl patch was noted to have been decreased from 50mcg to 25 mcg on May 15, 2015. A CURES report dated August 7, 2015, was noted to show "prescriptions from other providers but timing of medications are appropriate". The treating physician indicates that a left upper extremity electromyography (EMG)-nerve conduction study (NCS) was noted to be abnormal. Prior treatments have included a left shoulder surgery on February 12, 2013, right biceps rupture and ligament repair on October 12, 2012, physical therapy, occupational therapy,

and medications, with previous use of Trazodone ineffective with sleep disturbance, Neurontin was noted to produce gastrointestinal (GI) upset, and Lyrica caused trouble breathing. The request for authorization dated August 12, 2015, requested Norco 10/325mg #150, Fentanyl 25mcg/hr. patch #15, and an unknown prescription of Amitriptyline. The Utilization Review (UR) dated August 20, 2015, certified the request for the Fentanyl patches, the Amitriptyline was certified for the prescription of 25mg up to #60 with any additional quantity or refills non-certified based on the documentation, and modified the request for the Norco to certify #90 with the additional quantity #60 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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 for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in

3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of significant subjective improvement in pain such as VAS scores. There is also no objective measure of improvement in function. For these reasons, the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request is not certified and therefore is not medically necessary.