

Case Number:	CM15-0176282		
Date Assigned:	09/17/2015	Date of Injury:	07/02/2013
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 7-2-13. A review of the medical records indicates he is undergoing treatment for right shoulder periscapular strain and impingement per ultrasound on 6-26-14, right forearm and wrist flexor and extensor tendinitis, and right elbow medial, lateral epicondylitis, and cubital tunnel syndrome. Medical records (5-6-15 to 7-29-15) indicate ongoing complaints of right shoulder pain. He reports that the pain awakens him at night. It is aggravated by lifting, pushing, pulling, and reaching. Pain medications and his home exercise program decrease the pain. The report (7-29-15) indicates that the injured worker "wants surgery." He rates his pain 7-8 out of 10, which was noted to be the same as the prior visit. He is not working. The physical exam reveals tenderness with muscle guarding over the subacromial region, acromioclavicular joint, and periscapular muscle. Range of motion is decreased with crepitus. Impingement test is positive. Cross arm test is positive. Weakness is noted in flexion, abduction, and internal rotation (7-29-15). Examination of the right elbow, forearm, and wrist noted "no changes". Diagnostic studies include ultrasound of the right shoulder, EMG-NCV testing of the right upper extremity, ultrasound of the right elbow, x-rays of the right shoulder, elbow, and wrist and hand, and an MRI of the right elbow. Treatment has included several sessions of physical therapy, dating back to 2008, a home exercise program, shockwave therapy, a subacromial injection of the right shoulder, and pain medications. Vicodin was, originally, ordered on 7-3-13. Norco was prescribed on 4-21-14. Other medications tried include Celebrex and Dendracin topical cream. He has also used a brace on his right upper extremity. An orthopedic referral was made. Drug toxicology screening on 7-

29-15 was positive for amphetamines, methamphetamines, and THC. The request for authorization (7-29-15) includes a refill of Norco 5-325, 1 tablet every 12 hours, #60. The utilization review (8-13-15) indicates modification of the Norco to a quantity of 45 due to lack of a pain contract in the records, as well as discussions of weaning, change in medications, orientation, functionality, and benefit have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg every 12 hours as needed QTY: 60.00: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines. Key points for this review are: this claimant was injured in 2013 with a right shoulder periscapular strain and impingement, right forearm and wrist flexor and extensor tendinitis, right elbow medial and lateral epicondylitis and cubital tunnel syndrome. As of July, there is still right shoulder pain at 7-8 out of 10, which was noted to be the same as the prior visit. He is not working. Vicodin was originally ordered on 7-3-13. Norco was prescribed on 4-21-14. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids, (a) If the patient has returned to work(b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.