

Case Number:	CM15-0178814		
Date Assigned:	09/21/2015	Date of Injury:	10/08/2001
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 10-08-2001. The injured worker is being treated for cervical degenerative disc disease, right and left shoulder subacromial decompression impingement syndrome and primary and post traumatic acromioclavicular joint arthritis and rotator cuff tendinitis status, post surgery, and degenerative disc disease of the lumbar spine. Treatment to date has included surgical intervention of the left shoulder (2009), cervical epidural steroid injections, (CESI) and medications. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported neck pain with radiation to bilateral upper extremities, bilateral shoulder pain and low back pain. Objective findings of the cervical spine included flexion of 15 degrees, extension 15 degrees, rotation 45 degrees and lateral bending 210 degrees. There was no tenderness noted. Lumbar spine examination revealed flexion of 30 degrees, extension of 5 degrees, rotation of 20 degrees and lateral bending 10 degrees. There was no tenderness noted. There was mild to moderate tenderness of the right shoulder. The injured worker has been prescribed Norco since at least 2-12-2015. Per the medical records dated 2-12-2015 to 7-15-2015 there is no documentation of any significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed the prescribed medication. The plan of care included bilateral lumbar medial branch blocks, CESI and medications. Authorization was requested on, and authorization was requested for Norco 10-325mg #200. On 8-20-2015, Utilization Review modified the request for Norco 10-325mg #200 for weaning citing lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #200: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents on 07/15/15 with pain in the neck which radiates into the bilateral upper extremities, lower back, and bilateral shoulder pain. The patient's date of injury is 10/08/01. Patient is status post left shoulder surgery in 2009. The request is for NORCO 10/325 MG #200. The RFA was not provided. Physical examination dated 07/15/15 reveals mild tenderness to palpation of the right shoulder with moderately positive impingement test with internal rotation. The treater also notes unobtainable deep tendon reflexes in the bilateral ankles and positive straight leg raise test bilaterally. The patient is currently prescribed Norco and Ambien. Patient is currently classified as permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 07/15/15 has the following regarding medication efficacy: "Currently taking Norco 10/325 per day for pain control especially for his right shoulder and for his lower back." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the requesting physician does not provide any measures of analgesia, any activity-specific functional improvements attributed to narcotic medications and does not specifically state that this patient lacks any aberrant behaviors. Given the lack of complete 4A's, documentation, the continuation of Norco cannot be substantiated and this patient should be weaned. The request IS NOT medically necessary.