

Case Number:	CM15-0026883		
Date Assigned:	02/18/2015	Date of Injury:	06/18/2002
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/11/2015

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 54 year old male injured worker suffered and industrial injury on 6/18/2002. The diagnoses were cervical degenerative disc disease and right shoulder tendinosis, bursitis and degenerative joint disease. The diagnostic studies were cervical x-rays, cervical spine and right shoulder magnetic resonance imaging. The treatments were cervical fusion right shoulder arthroscopy, and medications. The treating provider reported right shoulder pain with medications 3/10 and without medications 8/10. On exam the cervical muscles had spasm and hypertonicity and cervical facet signs were positive. The right shoulder range of motion was restricted by pain. The Utilization Review Determination on 1/26/2015 non-certified Norco 10/325g # 84 with 1 refill, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325g # 84 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 54 year old male who presents with unrated right shoulder pain. The patient's date of injury is 06/18/12. Patient is status post unspecified right shoulder arthroscopic surgery performed in 2005. The request is for NORCO 10/325MG #84 WITH 1 REFILL. The RFA is dated 12/17/14. Physical examination dated 01/07/15 reveals restricted range of motion of the right shoulder, pain elicitation on extension, positive Hawkin's test, positive Can's test, decreased light touch sensation to the bilateral upper extremities. The patient is currently prescribed Norco. Diagnostic imaging included MRI of the right shoulder, significant findings include: "Osteoarthritic changes of the AC joint... Partial tear of the the supraspinatus tendon, full thickness." Patient's current work status is not provided. MTUS Guidelines 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 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. In regards to the request for Norco, the treater has not documented specific pain reduction or functional improvement attributed to narcotic medications. Progress note dated 01/07/15 states: "Patient increased Norco to QID for more sufficient pain control... Patient reports sweating but better pain control... Tried Percocet, Norco, and Vicodin which were effective." However, treater does not document specific functional improvements attributed to this medication. In addition, no consistent urine drug screens or discussion of aberrant behavior are included, only note stating: "08/27/14: confirmatory UDS - all negative." Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary. In regards to the request for Norco, the treater has not documented specific pain reduction or functional improvement attributed to narcotic medications. Progress note dated 01/07/15 states: "Patient increased Norco to QID for more sufficient pain control... Patient reports sweating but better pain control... Tried Percocet, Norco, and Vicodin which were effective." However, treater does not document specific functional improvements attributed to this medication. In addition, no consistent urine drug screens or discussion of aberrant behavior are included, only note stating: "08/27/14: confirmatory UDS - all negative." Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.