MAXIMUS Federal Services

Case Number:	CM15-0096897		
Date Assigned:	05/27/2015	Date of Injury:	11/07/2005
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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 51-year-old female, who sustained an industrial injury on 11/7/05. The diagnoses have included chronic cervicalgia, cervical strain, thoracic strain, right lateral epicondylitis, right cubital tunnel syndrome, bilateral carpel tunnel syndrome, status post bilateral carpel tunnel release, pain related insomnia, pain related depression, bilateral shoulder impingement syndrome, status post left shoulder decompression with rotator cuff debridement and clavicular resection and status post right radial tunnel release, synovectomy and fasciotomy. Treatment to date has included medications, activity modifications, left shoulder and left carpel tunnel surgery, physical therapy, H-wave unit, shoulder pulley system, and home exercise program (HEP). Currently, as per the physician progress note dated 4/15/15, the injured worker complains of chronic neck and bilateral upper extremity pain, localized mainly to the shoulders, the right forearm, wrists and hands. The symptoms seem to be aggravated by repetitive or prolonged activities. The symptoms are greatest at the neck and left shoulder. She experiences a tremor at the neck at times if she is fatigued or the neck condition is aggravated. She notes extension of the pain into the upper back during aggravation of the neck and left shoulder symptoms. She notes 40-50 percent reduction in spasms and pain with use of her medications. The pain without medications is rated 7-8/10 and with use of medications is rated 4/10 on pain scale. This has been unchanged from previous visits. The objective findings reveal positive impingement sign in the right shoulder and forward flexion and abduction in the left shoulder are 150 degrees. There is tenderness noted in the lateral aspect of the right elbow, including the lateral epicondyle. There is reduced sensation to light touch along the right forearm dorsal aspect. The extension of the right elbow has improved to -5 degrees. There is slight tenderness at the left lateral epicondyle. Tinel's testing was positive at the right elbow. Tinel's and Phalen' s testing was slightly positive at the right wrist and left wrist. There is slight tenderness at the left thenar eminence. There is slightly reduced range of motion of the left fingers and thumb and

there is some slight swelling in the left hand residually. There is tenderness and spasm in the bilateral cervical regions and into the bilateral rhomboids and scapulae. There is tenderness at the lower cervical spine and range of motion with extension is slightly reduced. The motor testing in the upper extremities reveals the right palmar and dorsiflexion were reduced due to pain and guarding. There is weakness in the right hand grip compared to the left. The injured worker was noted to have paresthesias in the dermatomes of the right upper extremity and sensation to light touch was reduced along the right forearm. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included MS Contin, Norco, Neurontin, and Flector patches, Dexilant, Naprosyn, Miralax and Xanax. The urine drug screen dated 3/13/15 was consistent with the medications prescribed. She has tapered herself off of the Xanax. The physician requested treatments included Retrospective Norco 10/325mg #240 for DOS 3/27/2015 and Retrospective MS Contin 30mg ER #20 for DOS 3/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #240 for DOS 3/27/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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 presents on 03/13/15 with neck and bilateral upper extremity pain rated 4/10 with medications, 7-8/10 without medications. The patient's date of injury is 11/07/05. Patient is status post arthroscopic left shoulder surgery of an unspecified nature on 07/09/13, left carpal tunnel release on 02/15/12, right carpal tunnel release on 06/30/09. The request is for MEDICATION: NORCO (DOS 3/27/15). The RFA is dated 04/09/15. Physical examination dated 03/13/15 reveals positive impingement sign in the left shoulder and well healed arthroscopic portals on the anterior, superior, and posterior aspect of the left shoulder. Elbow examination reveals tenderness to palpation of the lateral aspects of the bilateral elbows with reduced sensation to light touch noted along the right forearm, and positive Tinel's test on the right elbow. Wrist examination reveals slightly positive Tinel's and Phalen's signs bilaterally, slight tenderness to palpation of the left thenar eminence, and residual swelling in the left hand. Cervical spine examination reveals tenderness to palpation of the cervical paraspinal regions into the bilateral trapezius, rhomboids, and scapulae. The patient is also noted to have parasthesias in the C5, C6, and C8 dermatomes in the right upper extremity with decreased sensation to light touch in the right forearm. The patient is currently prescribed MS Contin, Norco, Neurontin, Naprosyn, Dexilant, and Xanax. Diagnostic imaging was not included, though progress note dated 03/13/15 references several imaging studies of the cervical and thoracic spine. The 12/20/14 cervical MRI impression was noted to be: "minimal disc bulging at C5-6 and C6-7 with no neural impingement." The 12/22/14 thoracic MRI impression was noted to be: "degenerative disc changes. At T6-7 there is a shallow right paracentral disc protrusion with slight flattening on the right ventral cord." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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 regard to the continuation of Norco for the management of this patient's intractable pain, the request is appropriate. The IMR application does not list the quantity of this medication, however the RFA dated 04/09/15 requests 240 tablets; 2 tablets PO QID (8/day). Progress report dated 03/13/15 notes a 40-50 percent reduction in this patient's pain attributed to medications. Addressing functional benefits, the provider also states that this medication allows her to perform household tasks such as cleaning, grooming, and dressing herself. A urine drug screen performed on 03/13/15 was consistent with this patient's prescribed medications, and the provider also notes a lack of aberrant behavior. The records provided satisfy 4A's documentation as required by MTUS; continuation of this medication is substantiated. The request IS medically necessary.

Retrospective MS Contin 30mg ER #20 for DOS 3/27/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/13/15 with neck and bilateral upper extremity pain rated 4/10 with medications, 7-8/10 without medications. The patient's date of injury is 11/07/05. Patient is status post arthroscopic left shoulder surgery of an unspecified nature on 07/09/13, left carpal tunnel release on 02/15/12, right carpal tunnel release on 06/30/09. The request is for MEDICATION: MS CONTIN (DOS 3/27/15). The RFA is dated 04/09/15. Physical examination dated 03/13/15 reveals positive impingement sign in the left shoulder and well healed arthroscopic portals on the anterior, superior, and posterior aspect of the left shoulder. Elbow examination reveals tenderness to palpation of the lateral aspects of the bilateral elbows with reduced sensation to light touch noted along the right forearm, and positive Tinel's test on the right elbow. Wrist examination reveals slightly positive Tinel's and Phalen's signs bilaterally, slight tenderness to palpation of the left thenar eminence, and residual swelling in the left hand. Cervical spine examination reveals tenderness to palpation of the cervical paraspinal regions into the bilateral trapezius, rhomboids, and scapulae. The patient is also noted to have parasthesias in the C5, C6, and C8 dermatomes in the right upper extremity with decreased sensation to light touch in the right forearm. The patient is currently prescribed MS Contin, Norco, Neurontin, Naprosyn, Dexilant, and Xanax. Diagnostic imaging was not included, though progress note dated 03/13/15 references several imaging studies of the cervical and thoracic spine. The 12/20/14 cervical MRI impression was noted to be: "minimal disc bulging at C5-6 and C6-7 with no neural impingement." The 12/22/14 thoracic MRI impression was noted to be: "degenerative disc changes. At T6-7 there is a shallow right paracentral disc protrusion with slight flattening on the right ventral cord." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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 regard to the continuation of MS Contin for the management of this patient's intractable pain, the request is appropriate. The IMR application does not list the quantity of this medication, however the RFA dated 04/09/15 requests 20 tablets; 1 tablet PO QD (1/day). Progress report dated 03/13/15 notes a 40-50 percent reduction in this patient's pain attributed to medications. Addressing functional benefits, the provider also states that this medication allows her to perform household tasks such as cleaning, grooming, and dressing herself. A urine drug screen performed on 03/13/15 was consistent with this patient's prescribed medications, and the provider also notes a lack of aberrant behavior. The records provided satisfy 4A's documentation as required by MTUS, continuation of this medication is substantiated. The request IS medically necessary.