

Case Number:	CM15-0099432		
Date Assigned:	06/01/2015	Date of Injury:	12/17/2006
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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 43-year-old female who sustained an industrial injury on 12/17/2006. Mechanism of injury occurred as a cumulative injury to her right shoulder and arm. Diagnoses include right shoulder strain and pain, history of a right shoulder arthroscopic surgery and right shoulder impingement syndrome. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, home exercise program and walking. A Urine Drug Screen done on 04/15/2015 was positive for Carisoprodol, which was not expected, but in a progress note dated 03/18/2015, Soma is listed as one of her current medications. A physician progress note dated 04/15/2015 documents the injured worker complains of no change in her chronic pain in the right shoulder. She feels depressed. On examination, there is decreased range of motion in the right shoulder. Cervical range of motion is decreased bilaterally. The treatment plan is for acupuncture two times a week for three weeks on a trial basis to the right shoulder to help with the pain. She is to continue with her home exercise program and walking, and follow up in 4 weeks. Treatment requested is for Norco 10/325mg #240 and Opana 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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 with pain and weakness in her right shoulder and right upper extremity. The patient is s/p right shoulder arthroscopic surgery and the date of surgery is not provided. The request is for Opana 10MG #60. RFA is dated on 05/21/15. Work status is unknown. Per 04/15/15 progress report, the patient is taking Opana, Norco, Restoril, Cymbalta, Soma and Naproxen. All medications help her. She denies having any side effects. The patient underwent urine drug screening on 04/21/15 with consistent results. The patient has been utilizing Opana at least since 10/22/14. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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 this case, adverse effect is discussed along with urine drug screen as part of aberrant behavior monitoring. There are documentations, which specifically discuss side effects. The treater provides a general statement indicating that all medications help her. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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 with pain and weakness in her right shoulder and right upper extremity. The patient is s/p right shoulder arthroscopic surgery and the date of surgery is not provided. The request is for NORCO 10/325MG #240. RFA is dated on 05/21/15. Work status is unknown. Per 04/15/15 progress report, the patient is taking Opana, Norco, Restoril, Cymbalta, Soma and Naproxen. All medications help her. She denies having any side effects. The patient underwent urine drug screening on 04/21/15 with consistent results. The patient has been utilizing Norco at least since 10/22/14. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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 page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, adverse effect is discussed along with urine drug screen as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects.

The treater provides a general statement indicating that all medications help her. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.