

Case Number:	CM13-0034854		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2004
Decision Date:	02/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old male who reported an injury on 04/04/2004. The patient has had a history of chronic neck and low back pain, as well as bilateral shoulder and knee pain. According to the most recent clinical date of 09/17/2013, the patient reported continued pain in the above-noted regions. A left shoulder injection reportedly had helped to decrease the discomfort for about 6 months; however, left knee pain had recently increased with swelling following a popping sensation. The patient has rated his pain at a 6/10 to 8/10 with it being a constant pain. On the objective examination, the patient had evidence of left shoulder impingement, medial and lateral joint line tenderness, and a positive McMurray's test bilaterally at the knees with increased left knee swelling. The patient also had cervical tenderness that was noted with significantly reduced motion. A positive tension sign was noted related to the lumbar spine. The patient has been diagnosed with the following: Status post right knee surgery with significant residuals, left knee internal derangement, status post left shoulder arthroscopic open rotator cuff repair and decompression, recurrent left shoulder impingement, lumbar discogenic disease with radiculopathy, cervical facet arthrosis and discogenic disease, cervicogenic headache, history of low testosterone which was recently diagnosed, which was also noted as probably industrial related, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the request for Norco 10/325 mg, a total of 120 tablets, under California MTUS, it states that this medication is recommended for moderate to moderately severe pain, indicating that ongoing use of opioid medications should be based on documented pain control and functional improvement in the absence of adverse side effects. Upon reviewing the documentation, the patient is not a candidate for the ongoing use of Norco. The documentation states that he has been taking this medication since at least 03/2012 with no described quantified functional improvements secondary to long-term use of this medication. California MTUS also states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important, therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Because there is no quantified pain reduction noted with the use of this medication, the continued long-term use of Norco is not appropriate for this patient. As such, the requested service is non-certified.