MAXIMUS Federal Services

| Case Number: | CM13-0049582 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/26/2010 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 26-year-old with an injury date on January 26, 2010. Based on the October 1, 2013, progress report provided by [redacted] the patient's diagnosis include left lateral epicondylitis, left AC joint pain, left shoulder rotator cuff tendinitis with impingement, left shoulder sprain/strain/ left elbow signal alteration in the cartilage overlying the humerus, left elbow partial thickness interstitial tear, left elbow deformity of the radial head, left elbow small lateral synovial fringe, left elbow tendinitis, left elbow pain, left knee pain, status post right and left knee surgery, left knee internal derangement, osteopenia, stickler syndrome, glaucoma, and a blind left eye due to a detached retina. [redacted] is requesting Norco 10/325 mg #90. The utilization review determination being challenged is dated October 22, 2013 and recommends denial of the Norco. [redacted] is the requesting provider, and he provided treatment reports from January 14 to December 6, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, 90 COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

**Decision rationale:** According to the October 1, 2013 progress report provided by [redacted], the patient presents with chronic pain in the upper extremities, left knee pain with history of left knee surgery among other diagnoses. The request is for Norco 10/325, ninety count. Reviewing the records, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. The request was denied by utilization review dated 10/22/13. The rationale was that "MTUS states there must be pain contract, ongoing review of medication use, efficacy, and side effects, and use of random urine drug screening to deter misuse and abuse. In review of the provided request, none of these criteria have been met." According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. The request for Norco, 10/325 mg, 90 count, is not medically necessary or appropriate.