

Case Number:	CM13-0068688		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2010
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 reported a work injury on 07/26/2010. The mechanism of injury was not provided in the medical records for review. The clinical note dated 08/28/2013, the patient complained that the patient had unchanged, and that she was still having pain and discomfort. Medications listed were Motrin 800 mg 1 tablet 3 times a day; Prilosec OTC 20 mg 1 capsule daily; Norco 10/325, 1 to 2 tablets every 4 to 6 hours as needed; Norco 10/325, 1 tablet every 6 hours as needed. The clinical note stated the patient is status post right shoulder arthroscopy, decompression, rotator cuff repair, advanced medial compartment osteoarthritis of both knees, worse on the left than the right, and morbid obesity. The patient ambulates with the use of a cane. Right shoulder: there is no atrophy or deformity. Right and left knee range of motion: extension is noted to be 130 degrees on both knees bilaterally. There is tenderness over the medial or lateral joint line, and there is a negative McMurray's test. No documentation was provided for therapies, conservative care, and home exercise. Treating Diagnosis (1) status post right shoulder arthroscopy, decompression, and rotator cuff tear; (2) advanced medial compartment osteoarthritis of both knees, worse on the left than the right; (3) morbid obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR NORCO 10/325MG X 2 RX'S: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

Decision rationale: California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opiates not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opiate, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. California MTUS does not recommend opioids as the first line of therapy for osteoarthritis. The documentation provided did not include any drug testing results, conservative care failed any recent therapies. Therefore, the request for Norco 10/325 mg x2 prescriptions does not meet the guidelines set by the California MTUS. Therefore, the request is non-certified.