

Case Number:	CM13-0069787		
Date Assigned:	01/03/2014	Date of Injury:	12/09/2011
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 47-year-old female who reported an injury on 12/09/2011 due to repetitive trauma while performing normal job duties. The injured worker failed to respond to conservative treatments and ultimately underwent rotator cuff repair of the right shoulder in 03/2013. The injured worker's postsurgical pain was managed with physical therapy and medications. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker had persistent right shoulder pain and had developed low back pain radiating into the bilateral hips and legs. It was documented that the injured worker was taking Norco 3 to 4 tablets per day, pain levels rated at a 4/10 to 5/10 that increased to an 8/10 without medication usage. Physical findings included restricted range of motion secondary to pain with tenderness over the anterior shoulder joint. The injured worker's diagnoses included cervical and lumbar chronic strain, status post rotator cuff repair, status post right foot crush injury, and right upper extremity paresthesias. The injured worker's treatment plan included continuation of conservative treatment to include physical therapy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE/APAP 10/325MG) #120, 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEED FOR PAIN WITH NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco (hydrocodone/APAP 10/325 mg) #120 one (1) to two (2) tablets by mouth every 8 hours as needed for pain with no refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 2012. The clinical documentation fails to provide any evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has a reduction in pain as a result of medication usage. However, there is no documentation of functional benefit as a result of the injured worker's medications. Therefore, continued use would not be supported. As such, the requested Norco (hydrocodone/APAP 10/325 mg) (120) one to 2 tablets by mouth every 8 hours as needed for pain with no refills is not medically necessary or appropriate.