

Case Number:	CM14-0001251		
Date Assigned:	01/22/2014	Date of Injury:	01/04/2000
Decision Date:	06/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 is licensed to practice in Illinois. 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 73 year old male who reported an injury on 01/04/2000. The clinical note dated 10/10/2013 reported the injured worker complained of bilateral knee pain rated at a 6/10, mild to moderate shoulder pain and moderate back pain radiating to the right lower extremity. The injured worker reportedly stated the Norco decreased pain for a few hours making pain more manageable and allowed him to be more functional and had occasional spasms and numbness. The injured worker also stated pain interrupted his sleep and caused him to feel depressed which decreased his level of activities. The physical examination revealed range of motion to the bilateral upper extremities at 150 degrees abduction and bilateral lower extremities at 170 degrees extension and 90 degrees flexion. He had tenderness to palpation on the low back and ambulates with a cane. The diagnoses included discogenic lumbar condition, hip joint inflammation with bilateral gluteal muscle tears, rotator cuff partial tear, high grade tear on the left and partial articular tear on the right, and internal derangement of the left and right knee. The treatment plan included recommendations of physical therapy, gym membership and medications to include Norco for intermittent pain, LidoPro cream, and Terocin patches. The injured worker had been previously treated with a TENS unit, an interferential unit, and medication. An MRI dated 07/22/2013 reported findings to include a supraspinatus bursal tear. The request for authorization was submitted 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 75,80.

Decision rationale: The injured worker has a history of bilateral knee, back and shoulder pain treated with medications, TENS unit, interferential unit and cold/heat packs. The MTUS Chronic Pain Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear but also appears limited. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain and they are often used for intermittent or breakthrough pain. In addition, the MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines note a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The clinical notes show the injured worker has been taking Norco since approximately 04/2013 and he reportedly indicated the Norco allowed him to be more functional with a few hours of decreased pain; however, there is a lack of documentation indicating the injured worker had a significant objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured worker's pain or evidence addressing aberrant behavior and the side effects of this medication. Therefore, the request for Norco 10-325mg #60 is not medically necessary and appropriate.