

Case Number:	CM14-0003264		
Date Assigned:	01/31/2014	Date of Injury:	03/08/2012
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 62-year-old male who has submitted a claim for chronic venous embolism and thrombosis of deep vessels of proximal lower extremity, shoulder pain, lateral epicondylitis, dizziness and giddiness, status post DVT surgery, and rotator cuff repair of the left shoulder associated with an industrial injury date of March 8, 2012. Medical records from 2013-2014 were reviewed showing patient having left lower extremity, shoulder and elbow pain grade 5-9/10 characterized as pinching, throbbing, dull, aching and cramping with muscle pain. It is associated with numbness and tingling in the bilateral hands, right leg and bilateral feet as well as weakness in the bilateral arms, hands, legs and feet. The pain is constant and moderate to severe in intensity, aggravated by walking, prolonged standing, prolonged sitting, reaching, kneeling, prolonged walking, stooping, crawling, gripping, typing, bending forward, and lifting and carrying items. Physical examination of left shoulder showed restricted range of motion, positive Hawkins test and Neer test, and tenderness on the subdeltoid bursa. For the left elbow, there was also limited range of motion with tenderness over the lateral epicondyle. The right knee showed tenderness over the lateral and medial joint line. Motor and sensory examination were intact. MRI of the left shoulder, dated April 16, 2012, showed partial tear of the supraspinatus tendon with a full-thickness component of the tear at its anterior tuberosity insertion. MRI of the left leg revealed deep vein thrombosis. Official report of the imaging studies were not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, DVT surgery, steroid joint injections and rotator cuff repair of the left shoulder. The utilization review dated 1/6/2014 modified the request for Norco 10/325mg q 4-6 hrs prn #75 2 refills to Norco 10/325mg #75 1 refill. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #75: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since June 26, 2013. The most recent progress report, dated January 6, 2014, showed decreased pain from 9/10 to 5-6/10 with Norco. Patient was likewise able to perform simple household chores, such as vacuuming and cleaning. With opioid use, sitting and standing tolerance increased to 20 - 30 minutes from 5 - 10 minutes. There were no side effects noted. The guideline criteria were met. Therefore, the request for Norco 10/325mg #75 is medically necessary.