

Case Number:	CM14-0105150		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2012
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational 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 claimant was injured on 03/08/12. Norco is under review. She complains of left shoulder, elbow, and left leg pain and left foot pain radiating to the left knee with poor sleep. On 05/28/14, she reported worsening. Her medications worked well with no side effects. She was using Voltaren gel and Norco 10 mg, maximum of 5 per day. Neurontin was also ordered along with aspirin, Prozac, and trazodone. She had evidence of impingement with decreased range of motion and tenderness of the subdeltoid bursa, left lateral epicondyle, left hip trochanter, and right medial and lateral joint lines. She had weakness of left grip, left EHL, left knee extension, and left hip flexion and otherwise was strong. Her Norco decreases her pain from 9/10 to 5-6/10 and she increased her sit/stand tolerance from 5-10 minutes to 20-30 minutes and could do some housework and walk on a treadmill. She reportedly cannot tolerate anti-inflammatories due to GI upset. She has a history of rheumatoid arthritis and fibromyalgia and had a left rotator cuff repair in November 2012, complicated by a left lower extremity blood clot. A urine drug screen on 10/16/13 was positive for ethyl alcohol, hydrocodone, and gabapentin. Her hydrocodone was stable from June 2013 until October 2013 and then the quantity was increased. Her medication was prescribed "when necessary." On 12/09/13, her pain level was unchanged. There were no side effects. Her quality of sleep was poor. She was not trying any other therapies for pain relief. Her activity level was the same and she was taking her medications as prescribed and they were working well. She was 2 days early for medication refill but was not overtaking medications. She was prescribed Norco 10/325 mg 1 every 4-6 hours when necessary for pain and a maximum of 5 per day. She was also using Voltaren gel, Neurontin, Prozac, and trazodone. She had decreased range of motion of the left shoulder due to pain and had positive impingement signs. She had mild weakness. On 01/06/14, she reported her activity level was the same. Her medications were helping. She denied side effects. There is no apparent

significant change in her condition. She was still using the Norco. There was a consideration for possible CRPS. The Neurontin was increased. She was awaiting a psychological evaluation. She was to continue home exercises. Her medications were also refilled. A drug screen dated 02/05/14 was negative for gabapentin and hydrocodone. There is no mention that her urine drug screen was discussed with her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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 Opioids for Chronic Pain and Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco, dosage, frequency, and quantity unknown. The California Medical Treatment Utilization Schedule (MTUS) outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. California (MTUS) further explains, "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." There is some indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been done. However, the results appear to be contradictory in that she can only sit or stand up to 30 minutes (from about 10 minutes) but can do some housework and use a treadmill (unknown duration of exercise). Her pattern of exercise in an attempt to maintain any benefits she receives from treatment measures has not been addressed. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear as she takes it prn and the frequency and quantity recommended are unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.