

Case Number:	CM14-0109182		
Date Assigned:	08/01/2014	Date of Injury:	01/05/2013
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 injured worker is a 57-year-old female who reported an injury on 01/04/2013. The injured worker's diagnosis was noted to be rotator cuff rupture and sprain. The injured worker had subjective complaints of left wrist and hand pain that was intermittent with a pain score of 5/10 to 8/10. It was noted pain was radiating to the arm and shoulder. She noted numbness and tingling on her hand. The objective physical exam findings were noted to be there was tenderness at the left sternoclavicular joints. There was tenderness of the left subdeltoid regions as well as left rotator cuff. There was restricted range of motion of the left shoulder. The injured worker's medications were noted to be tramadol, acetaminophen, Biofreeze, nabumetone, and omeprazole. The treatment plan is to continue medications. The provider's rationale for the request was not submitted with the information provided for review. The request for authorization form was submitted with this request and dated 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 91, 92.

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

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). 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. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation provided for review does not contain an adequate pain assessment. 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 the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage and frequency; therefore, the request for Norco 10/325 mg #90 is not medically necessary.