MAXIMUS Federal Services

Case Number:	CM14-0019765		
Date Assigned:	04/28/2014	Date of Injury:	06/18/2012
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 Management and is licensed to practice in Tennessee. 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 73-year-old male who has submitted a claim for impingement syndrome of bilateral shoulders, lateral and medial epicondylitis of bilateral elbows, bilateral carpal tunnel syndrome, multi-level degenerative discs at the lumbar spine with radiculopathy, osteoarthritis of the right knee with deformity, osteoarthritis of the left knee, associated with an industrial injury date of June 18, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain with stiffness, low back pain, and persistent bilateral knee pain with crepitation, popping, locking and giving way, and right knee more than left. Pain is increased with prolonged standing and with attempts of squatting. Physical examination revealed right shoulder hypertrophic changes at the AC joint. There was tenderness at the AC joint, subacromial region and in the direction of the rotator cuff bilaterally. Impingement sign was positive. Tenderness at the medial and lateral epicondyles bilaterally was noted. Bilateral wrist tenderness was noted. There was numbness in the distribution area of the median and ulnar nerves. Tinel's, Phalen's and Finkelstein tests were positive. Lumbar spine exam revealed tenderness of the lumbosacral junction and bilateral flank regions. Paravertebral muscle spasms were noted. Right knee exam revealed 20 degrees of fixed varus deformity. There was tenderness at the medial and lateral joint lines and popliteal fossa. Crepitation through range of motion of -10 to 90 degrees was noted. Left knee exam revealed 15 degrees of fixed varus deformity. There was tenderness at the medial and lateral joint lines and patellofemoral joint. McMurray test was positive bilaterally. Treatment to date has included knee braces, chiropractic treatment, physical therapy, aquatic therapy, acupuncture, steroid injections, and medications, which include Diclofenac, Omeprazole 20mg, Naproxen 550mg, Docuprene 100mg, Tramadol 50mg (since 10/3/13) and Norco 5/325mg (since 1/9/14). Utilization review from January 23, 2014 denied the request for Norco 5/325mg #60 because the patient's functional response to first-

line pain medications was not objectively documented to support the need for Norco. The medical necessity of the request was not substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Norco has been prescribed since 1/9/14 as adjuvant therapy with Naprosyn and tramadol. Same progress report mentioned that patient noted pain relief upon intake of medications, hence, it is unclear why Norco had been added. Medical records from February 2014 did not clearly reflect continued analgesia or functional benefit, or a lack of adverse effects or aberrant behavior. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Norco 5/325mg #60 is not medically necessary.