

Case Number:	CM14-0131775		
Date Assigned:	08/20/2014	Date of Injury:	09/23/2013
Decision Date:	10/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation 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:

This 43 year-old patient sustained a left knee injury on 9/23/13 from missing the last rung on a ladder while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg # 150. Report of 7/5/14 from the provider noted the patient with knee injury s/p arthroscopic repair on 11/21/13 with post-op PT, improved, but remained symptomatic. Left shoulder had no prior problems, but now with noted stiffness with loss of range. MRI of left shoulder on 2/13/14 showed supraspinatus and mild infraspinatus and biceps tendinosis; labral tearing with mild to moderate glenohumeral osteoarthritis. Conservative care has included medications, physical therapy, acupuncture, cortisone injections, and modified activities/rest. Exam showed shoulder tenderness with normal motor exam of upper extremities; some limitation of left shoulder range; negative impingement; right hip with full range and normal exam; left knee with effusion and medial lateral joint line tenderness with negative Lachman and McMurray produces pain. Diagnoses include left medial meniscus s/p arthroscopic surgery 11/21/13; ongoing left knee complaints; MRI findings of left shoulder/straining using crutches; subjective right hip pain without any objective findings. Treatment included left knee viscosupplementation; shoulder subacromial cortisone injection. The request(s) for Norco 10/325mg # 150 was non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg # 150 is not medically necessary and appropriate.