

Case Number:	CM14-0139052		
Date Assigned:	09/05/2014	Date of Injury:	01/04/2012
Decision Date:	10/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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, 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:

This case involves a 35-year-old patient who sustained an industrial injury on 01/04/12. Diagnoses include sprain/strain lumbar region, pain and joint shoulder, pain in joint left ankle/foot, pain in joint lower leg left knee, and status post left shoulder arthroscopy 11/2012. The mechanism of injury occurred while the patient was walking to the restroom and apparently slipped and fell, twisting toward her left side as she fell to the floor. Previous treatment included physical therapy, injections, medications, and surgery. A request for hydrocodone/APAP 10/325 mg #60 DOS 06/16/14 was non-certified utilization review on 08/21/14. The reviewing physician notes that the claimant reported medications continue to help reduce some of the pain for greater function. However, there was no evidence of objective functional improvement to support this subjectively noted benefit. In addition, there was no CA MTUS mandated documentation regarding current urine drug test with results, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and the claimant. It was noted this request had previously been modified on prior utilization review to allow the provider to submit the appropriate documentation. Utilization Review Treatment Appeal dated 08/12/14 reveals the patient continues to complain of left shoulder symptoms status post left shoulder surgery on 11/09/12. MRI arthrogram showed thickening of the visualized coracohumeral ligament with no other abnormalities. With regard to her low back pain, she continues with conservative management. It was noted she has a past history of gomerulonephristis and is concerned about her kidney function. She reported the medications continue to help reduce some pain for greater function. Physical examination revealed tenderness to palpation of the left shoulder with decreased range of motion. Impingement sign was negative and sensation was intact. Strength was 5/5 in the bilateral upper extremities with the exception of left hand grip at 4/5 compared to the right. Tinel's test was mildly positive at

the left elbow, but negative at the wrists. Deep provider notes the patient was previously using tramadol without any benefit and was therefore switched to Norco. The patient has a signed opioid pain contract dated 12/17/12. The patient has been working full-time with restrictions as a dental receptionist and without Norco she will not be able to tolerate her work. Urine drug screen was performed on 06/04/14 which was negative for all entities indicating intermittent use of Norco. Her DEA CURES report 11/04/13 was consistent. It was noted she is using a very low dose of Norco as needed and does find it beneficial. She denies any side effects/adverse reactions with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit/APAP 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient is being prescribed Hydrocodone/APAP 10/325 mg #60, taken intermittently on an as-needed basis. The patient reports subjective improvement in pain as a result of Norco use, and it is noted the patient is able to continue working full-time with restrictions as a dental receptionist, indicating functional benefit. Urine drug screen was performed on 06/04/14 which was negative for all entities, which per the treating provider is consistent given her intermittent use. Her DEA CURES report 11/04/13 was consistent. She has a signed narcotic agreement on file. She denies any side effects/adverse reactions with Norco. Therefore, given there is subjective benefit, demonstrated functional benefit with the ability to continue working, appropriate medication monitoring with urine drug screen, CURES report, and narcotic agreement, as well as lack of side effects, continued use of opioids is supported in this case and considered medically necessary. As such, this request is medically necessary.