

Case Number:	CM14-0158447		
Date Assigned:	10/01/2014	Date of Injury:	11/04/1982
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Ohio. 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 an 80-year-old male who's been treated over the 6 months for bilateral shoulder pain and low back pain. He has a diagnosis of bilateral shoulder tendinitis and lumbar degenerative disc disease. His medical diagnoses include hypertension, COPD, and prostate cancer. His physical exam reveals tenderness to palpation of the superior trapezius and levator scapula muscles, slight tenderness to the ileo- lumbar region, diminished internal and external range of motion of both shoulders, and pain to the left deltoid with 100 abduction. Progress notes from April 29, 2014 through September 29, 2014 have been reviewed. In this time span it appears that the requests for Norco 10/325 mg have been consistently modified to reduced numbers. There are 2 urine drug screen results, each of which is consistent with medication prescribed. Two different COMM tests for opioid misuse were done and each indicates a low risk of opioid misuse. No concerning findings were found on CURES reports. The subjective portion of the progress notes reads "right and left shoulder pain, lower back pain" for each visit. There is one mentioned of a current, quantified pain score (that being 8/10).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 10/325mg #90: Upheld

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

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

Decision rationale: The above guidelines state that for patients with chronic opioid therapy there should be ongoing monitoring of analgesia, functionality, any adverse reactions, and any aberrant drug taking behavior. Opioids may be continued if there is improvement in pain and functionality or if the patient has returned to work, and they should be discontinued if there is no improvement in pain or functionality. In this instance, the documentation does not support improvements in pain or functionality as a result of opioid therapy. Therefore, Norco 10/325mg #90 is not medically necessary. The treating physician should consult appropriate weaning guidelines for opioids.

1 Current Opioids Misuse Measure (COMM) Test for Opiate Misuse: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioids, screening tests for risk of addiction & misuse and Opioids, tools for risk stratification & monitoring

Decision rationale: The ODG recommend that results of screening tests should be used in context of other sources in order to stratify risk and identify those individuals who are not good candidates for opioids, or who require more careful monitoring with use. Results of these screening tools when interpreted correctly and incorporated in an overall Risk Evaluation and Management Strategy (REMS) can help design a plan for a trial of opioids for patients with chronic pain that will help to minimize the risk of misuse, abuse and addiction. The categories below are consensus based and the recommendation is to include these baseline suggestions in conjunction with a history and physical examination, urine drug testing, pill counts, prescription drug monitoring reports, discussions with family members and review of medical records (including from previous treating physicians) in order to obtain an accurate assessment of risk of addiction and/or aberrant behavior. High Risk: Clinical findings: Minimal objective findings are documented to explain pain. Symptom magnification can be noted. Moderate Risk: The patient generally has objective and subjective signs and symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. These patients may have psychiatric comorbidity. Low Risk: Clinical findings; Pathology is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. Current Opioid Misuse Measure is a 17-item self-reports that helps to track current aberrant medication-related behaviors during opioid treatment. It is recommended for use in patients who have been taking opioids for an extended period of time. The authors recommend using this scale in tandem with the SOAPP-R. The cut-off score for high risk is 9 or higher. In this instance, the injured worker would appear to be in a low risk category for opioid misuse/abuse. The guidelines, however, do not specify that low risk individuals never be screened. Additionally, the guidelines do not define well the frequency at which screening should be performed. The COMM questionnaire is identified by ODG as a valid screening

methodology. Therefore, 1 Current Opioids Misuse Measure (COMM) Test for Opiate Misuse is medically necessary. High Risk: Clinical findings: Minimal objective findings are documented to explain pain. Symptom magnification can be noted. Moderate Risk: The patient generally has objective and subjective signs and symptoms of an identifiable diagnostic problem but may have some but not all of the identifiers found under the "high risk" category. These patients may have psychiatric comorbidity. Low Risk: Clinical findings; Pathology is identifiable with objective and subjective symptoms to support a diagnosis. There is an absence of psychiatric comorbidity. Current Opioid Misuse Measure is a 17-item self-report that helps to track current aberrant medication-related behaviors during opioid treatment. It is recommended for use in patients who have been taking opioids for an extended period of time. The authors recommend using this scale in tandem with the SOAPP-R. The cut-off score for high risk is 9 or higher. In this instance, the injured worker would appear to be in a low risk category for opioid misuse/abuse. The guidelines, however, do not specify that low risk individuals never be screened. Additionally, the guidelines do not define well the frequency at which screening should be performed. The COMM questionnaire is identified by ODG as a valid screening methodology. Therefore, 1 Current Opioids Misuse Measure (COMM) Test for Opiate Misuse is medically necessary.