

Case Number:	CM14-0172549		
Date Assigned:	10/23/2014	Date of Injury:	05/28/2013
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/18/2014

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 & 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:

The injured worker is a 58-year-old smoker who reported an injury on 05/28/2013. The injury reportedly occurred when she fell from the seventh rung of a 10 foot ladder. On 01/08/2014, her diagnoses included right shoulder sprain, fracture of the greater tuberosity of the right humerus, right medial epicondylitis, and right hip sprain. Her complaints included right shoulder and arm pain rated 6/10 and right hip radiating down the right leg rated 7/10. She stated that her pain was interfering with her ability to perform her activities of daily living and with her sleep. She was prescribed Motrin 600 mg for inflammation and pain and Norco 10/325 mg for severe pain. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Motrin 600mg 1 po bid #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest

period of time in patients with moderate to severe osteoarthritis pain. Motrin is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. Doses greater than 400 mg have not provided greater relief of pain. This injured worker does not have any of the above diagnoses. She has been using Motrin for 10 months. Additionally, there was no evidence of failed trials of Motrin at the recommended dose of 400 mg. The requested dose exceeds the recommendations in the guidelines. Therefore, this request for Motrin 600mg 1 po bid #60 is not medically necessary.

Norco 10/325mg #301: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg #301 is not medically necessary. The California MTUS Guidelines recommend that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. The documentation revealed that this injured worker had not been taking any medications prior to the prescription for Norco. Motrin was being prescribed at the same time and there was no evidence of failed trials of nonopioid pain relievers. There was no psychosocial assessment included in the documents for review. Hydrocodone has a recommended maximum daily dose of 60 mg and acetaminophen should not exceed 4 g per 24 hours. If the submitted request was for a month's worth of medication, the quantity of 301 would indicate that this injured worker was taking 10 tablets per day, which would exceed the recommended dosages in the guidelines. Additionally, there was no frequency included in the request. Therefore, this request for Norco 10/325mg #301 is not medically necessary.