

Case Number:	CM14-0020618		
Date Assigned:	05/02/2014	Date of Injury:	10/19/2005
Decision Date:	07/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 is a 50-year-old with a October 19, 2005 date of injury. The mechanism of injury was not noted. In a April 18, 2014 progress notes, the patient stated that her pain is currently and most of the time moderate. The pain interferes with her ability to travel, engage in social and recreational activities, and with her concentration and thinking. Her pain level averages 7-8/10 and is 8/10 at its worst. Objective findings: patient uses a cane for ambulation, tenderness and tightness with spasm of the cervical spine region, positive Phalen's test, and positive Tinel's sign. Diagnostic impression: status post left shoulder diagnostic/operative arthroscopy, left frozen shoulder, lumbar spine post laminectomy, bilateral elbow lateral epicondylitis, bilateral wrist sprain/strain, complaint of abdominal pain, distension, and heartburn associated with elevated liver function tests, history of hepatic C. Treatment to date: medication management, activity modification, surgery A UR decision dated February 3, 2014 denied the request for Norco. CA MTUS guidelines do not recommend long term usage of opioid medications without documented improvement in pain and functional ability. The documentation indicated little clinical improvement in symptoms while on this medication, which the patient has been on since at least March 2012. A previous UR decision on December 4, 2013 modified the request for Norco for weaning purposes. At this time, it is reasonable that there has been a sufficient allowance for weaning and no further modification is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5, sixty count: 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 Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. In addition, it was documented in a March 20, 2014 progress note that the patient was advised to take Norco only when absolutely necessary due to abnormal liver tests. A UDS (urine drug screen) report dated March 6, 2014 was negative for the use of hydrocodone. Guidelines do not support the use of opioids in the event of side effects and inconsistent urine drug screens. In addition, a prior UR review dated December 4, 2013 modified the continuation of Norco to initiate a weaning process. There is no documentation that the provider has addressed the recommendations for weaning. Furthermore, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Therefore, the request for Norco 7.5, sixty count, was not medically necessary or appropriate.