

Case Number:	CM14-0028815		
Date Assigned:	06/16/2014	Date of Injury:	09/30/1999
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old woman with a date of injury 09/30/1999. An AME report by [REDACTED] dated 12/26/2000 identified the mechanism of injury as a motor vehicle accident while the worker was driving the company's van. Notes by [REDACTED] dated 07/09/2013, 10/25/2013, and 01/20/2014 described the worker was experiencing right shoulder pain, neck pain that went into the right arm, and lower back pain that went into the right leg. The right shoulder pain was described as having an intensity that ranged in the notes from 3 to 8 on a 0 to 10 scale and was worse with overhead activities. The back pain was described as having an intensity that ranged in the notes from 6 to 8 on a 0 to 10 scale and was worse with stooping, bending, or sitting for longer amounts of time. Documented examinations indicated consistently decreased right hand grip strength, tenderness in the right shoulder and lumbar area with spasm, and decreased range of joint motion involving the shoulder and the lumbar spine. Treatments included a prior right shoulder surgery, prior cervical spine fusion from the front of the spine and removal of a disk between the bones, a home exercise program, an opioid medication combined with acetaminophen (Norco), and a muscle relaxant medication. The submitted and reviewed documentation indicated the worker suffered from strain/sprain of the cervical spine after surgery, strain/sprain of the lumbar spine, and prior right shoulder surgery for subacromial decompression and distal clavicle resection. The documented plans consistently included refilling the medications without changes, monitoring with a urinary drug screen, continuing the home exercise program, and monitoring in the office after three months. A Utilization Review decision by [REDACTED] was rendered on 02/05/2014 recommending modified certification for hydrocodone/APAP (Norco) 10/325mg up to four times daily as needed for pain symptoms, #100 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #100 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. [REDACTED] office notes dated 07/09/2013, 10/25/2013, and 01/20/2014 included limited documentation of pain assessments. Further, the reviewed documentation did not describe an overall improvement in the worker's function, pain, or quality of life over this approximately six month period despite the continued use of opioid medication. The MTUS Guidelines encourage the consideration of a consultation with a multidisciplinary pain clinic or weaning off the medication if the pain does not improve with opioid therapy within three months. In the absence of such evidence of improvement and due to the need for more thorough monitoring while using opioid medications, the current request for hydrocodone/APAP (Norco) 10/325mg, #100 with three refills is not medically necessary.