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| Case Number: | CM14-0057592 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 12/30/2005 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 45-year-old male with a 12/30/05 date of injury. The mechanism of injury was not noted. According to the most recent progress report provided for review, dated 2/27/14, the patient complained of mild right shoulder pain, mild right wrist pain, and mild bilateral knee pain. He has not been working and has been going to therapy 2 times a week. Objective findings: patient does not limp, Jamar hand grip on left 60/60/55 and right 75/70/70. Diagnostic impression: right shoulder impingement with posttraumatic arthrosis of the acromioclavicular joint, bilateral knee chondromalacia patella with grade 2 medial meniscus tears, carpal tunnel syndrome intermittent, anxiety and depression, insomnia. Treatment to date: medication management, activity modification, surgery, pain pump, physical therapy. A UR decision dated 3/26/14 modified the request for Norco 10/325mg from 60 tablets to 30 tablets for weaning purposes. The clinical notes did not provide any pain levels and did not discuss how the use of this medication has enabled the patient to perform activities of daily living or how it affects his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-35mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS 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 the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. A urine drug screen dated 11/20/13 was negative for opioid medications. There is no documentation that the provider has addressed this issue. Therefore, the request for Norco 10-35mg #60 was not medically necessary.