

Case Number:	CM14-0005132		
Date Assigned:	02/05/2014	Date of Injury:	01/21/2012
Decision Date:	03/31/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 44 year old female who sustained an industrial injury on 01/21/2012. Diagnoses include left proximal humerus fracture, complex regional pain syndrome- left upper extremity, and status post left shoulder arthroscopic surgery. Treatment to date has included medications, physical therapy, stellate ganglion block and surgery. A physician progress note dated 12/30/2013 documents the injured worker has profound stiffness in her shoulder, and worsening pain and throughout her left upper extremity and arm associated with weakness. She rates her pain as a 7-9 out of 10 in her neck, left shoulder, and left upper extremity radiating to her hand. She has very limited left shoulder range of motion. There is hyperesthesia throughout the left upper extremity. X rays reveal moderate degenerative change at C5-C6 and advance degenerative change at C6-C7. Treatment requested is for Norco 10/325mg, # 180, and Zofran 4mg, # 30. On 01/06/2014 Utilization Review modified the request for Norco 10/325mg, # 180 to Norco 10/325mg, # 120, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Utilization review non-certified the request for Zofran 4mg, #30, and cited was non MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.

Zofran 4mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3)

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.