

Case Number:	CM14-0192571		
Date Assigned:	01/02/2015	Date of Injury:	09/18/1999
Decision Date:	02/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice and is licensed to practice in Colorado. 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 45 year old female injured worker (IW) incurred an injury while pushing carts at work on 09/18/1999. On a visit to the treating physician on 02/12/2014, the IW complained of a continuation of right shoulder pain rated about a 7/10 prior to medication and a 5/10 after medications. At that time, the IW stated the medication allowed her to walk, and to do chores such as simple cleaning and cooking. Per the records, medication regimen included Norco 2.5/325 mg 2-3 times a day. Diagnoses include adhesive capsulitis of the right shoulder, mild chronic left shoulder pain, and right sided neck pain. Side effects related to Norco included a complaint of constipation and sleepiness. Medications dispensed were Norco #60 and Docaprene 100 mg twice a day #120. Her condition is permanent and stationary with permanent restrictions including limited keyboarding and no reaching using the right shoulder. Norco 2.5/325 was dispensed #180 for three times daily on 07/30/2014. On 10/06/2014 a request for authorization (ROA) was made for Norco 2.5/325 mg three times daily (TID) #90 with a second prescription of the same Norco dose to not be dispensed until 10/24/2014. No mention is made of current psychiatric issues, chiropractic care, injections, or use of durable medical equipment. On the visit on 09/24/2014, the IW's pain was down from a 7/10 to 4/10 with pain medication. A urine drug screen was part of the treatment plan on that date but no results of that screen are included in the medical record. It is documented that the IW has shown no indications of drug abuse or diversion. A UR decision letter dated 10/15/2014 non-certified the request for Norco 2.5/325 mg #90 TID with a second prescription of the same Norco 2.5/325 mg #90 TID to not be dispensed until 10/24/2014 citing California Medical Treatment Utilization Schedule (CA-MTUS) Chronic pain. Reasons given were "Until the IW has a current urine drug screen provided for review and with the first request having been modified and partially filled to allow for obtaining such documentation and/or verification, the second request for Norco is not

considered medically necessary at this time without meeting all of the guideline criteria for continuation of use". On 11/14/2014 the IW submitted an application for independent medical review (IMR) for Norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments. Page(s): 79-80, 85, 88-89, and 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence." Per the Guidelines, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions

for opioids not routinely prescribed. (Chelminski, 2005) 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? Per the records supplied for review, the patient of concern has reduced pain with Norco and some improvement in function, though there is no objective evaluation of function / improvement in the record. Per the records, patient has not exhibited aberrant drug taking behavior and urine drug screens are "consistent," though the actual lab reports were not included in the records for review. As the records do not include any objective evaluation of function and do not include actual urine drug screen results, indicating that the "4A's of Drug Monitoring" have been incomplete, the Norco is no longer medically indicated for patient.