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| Case Number: | CM14-0194417 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 08/21/2013 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 Interventional Spine 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:

The patient is a 60 year old male with an injury date of 08/21/13. Per the 09/02/14 and 10/22/14 reports the patient presents with right sided shoulder pain, chronic neck and left elbow pain. The patient also presents with decreased visual acuity and hearing loss. The reports do not state if the patient is working. Subjective findings from 05/06/14 reveal worsening decreased vision on the left side, bilateral knee pain and right shoulder pain. The patient's diagnoses from 05/06/14 and 10/22/14 include:1. Left eye with decreased visual acuity s/p foreign body removal.2. Worsening of left side vision.3. Complaints of left side hearing loss.4. Chronic neck sprain/strain.5. Left-sided medial and lateral epicondylitis.6. Chronic lumbar sprain/strain.7. Possible right side rotator cuff tear.8. Bilateral knee pain with evidence of osteoarthritis, s/p blunt trauma.9. Insomnia secondary to pain and untreated PTSD.10. Left elbow pain, new exacerbation post-surgical repair.11. Possible PTSD secondary to witnessing suicides.Current medications as of 10/22/14 are listed as Motrin, Lisinopril, Norco, and Ambien. The utilization review being challenged is dated 10/30/14. Reports were provided from 01/29/14 to 11/19/14. The reports show the patient has been prescribed this medication since at least 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2014: Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: The patient presents with right shoulder, neck and left elbow pain along with decreased left sided vision and hearing. The treater requests for NOCO 10/325 mg #180. This request is for NORCO (Hydrocodone, an opioid) as confirmed by the 10/30/14 Utilization Review which indicates the request date is 10/28/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided do not show that pain was routinely assessed through the use of pain scales. The treater does not discuss ADL's. The 08/13/14 AME report provides a list of ADLs that are affected by the patient's pain; however, this information does not show a significant change with the use of this medication. Opiate management issues are only partially addressed. A Urine Toxicology report is included dated 06/06/14 showing positive (present) for Hydrocodone and Ambien. The treater does not discuss adverse side effects or behavior. There is no discussion of CURES, and no outcome measure is provided. The 4As are not documented as required by MTUS for long-term opioid use. The request IS NOT medically necessary.