

Case Number:	CM14-0195877		
Date Assigned:	12/03/2014	Date of Injury:	07/14/1998
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of July 14, 1998. A utilization review determination dated October 20, 2014 recommends non-certification of Norco. A consultation dated October 1, 2014 identifies subjective complaints of pain in the right shoulder and left knee. He is currently utilizing ibuprofen, Carisoprodol, Hydrocodone, Norco, Cyclobenzaprine, Tramadol, Omeprazole, and Gabapentin. He states that these medications are "helping." Physical examination findings reveal atrophy of the anterior and lateral deltoid with tenderness over the biceps tendon and acromioclavicular joint. There is reduced strength in the shoulder and normal range of motion. The left knee has mild tenderness around the joint medially with positive McMurray's sign and reduced strength. Diagnoses include cervical disc protrusion, lumbar annular tear, status post right subacromial decompression, and left knee patellofemoral syndrome. The treatment plan recommends a left knee intra-articular injection, additional physical therapy, right shoulder x-ray, and follow-up in 6 weeks. A pain management follow-up note dated August 26, 2014 identifies subjective complaints of right sided low back pain with intermittent numbness and tingling. The treatment plan recommends facet joint injections. Additionally, "medication" is recommended to be prescribed/refill and a urine drug screen is requested. A urine drug screen performed on August 26, 2014 is positive for Carisoprodol and Hydrocodone (and metabolites). A pain management agreement is provided and appears to be incomplete. A prescription dated August 26, 2014 is for ibuprofen, Carisoprodol, Norco, Cyclobenzaprine, and Tramadol. A progress report dated July 22, 2014 indicates that prescription monitoring service has been queried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), the California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.