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| Case Number: | CM14-0199296 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 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 injured worker is a 43-year-old male with an original date of injury of March 3, 2010. The mechanism of injury occurred in the context of lifting sheet metal. The industrial diagnoses include chronic neck pain, cervical herniated nucleus pulposus, chronic bilateral shoulder pain, a history of right shoulder surgery, and chronic right elbow and hand pain. The injured worker has had diagnostic workup including electrodiagnostic studies of the upper extremities which were reportedly normal on May 7, 2012. MRI of the right shoulder on April 30, 2012 documented widening of the acromioclavicular joint, moderate subacromial bursitis, and tendinosis of the supraspinatus tendons. MRI of the cervical spine documented herniated discs of 2 mm at C4-C5 and C5-C6. This was carried out on April 30, 2012. The disputed request is for Norco. This was modified by a utilization review determination to decrease the quantity from 90 tablets to 60 tablets in a letter dated October 30, 2014. The rationale for this was a lack of documentation of details to confirm to recommended guidelines for opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While a progress note on 10/1/2014 documents that all 4 A's of opioid monitoring are being monitored, this is a generic paragraph and does not include specific details. For instance, although there is report that urine drug testing is regularly performed in this generic passage, there are no urine toxicology results to indicate compliance with controlled substances submitted. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Therefore, the requested medication is not medically necessary and appropriate.