

Case Number:	CM14-0204217		
Date Assigned:	12/16/2014	Date of Injury:	09/19/2009
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58 year old male who suffered a work related injury on 09/19/2009. The injured worker injured his left shoulder while throwing a bag of trash in a dumpster. He has had two surgeries, and a shoulder replacement consultation postponed. Diagnoses include left knee pain, neck pain, shoulder pain, diabetes and depression. He has had a past total right knee replacement, and has an injured left knee. In a progress note dated 08/06/2014 it is documented he complains of painful left and right shoulders, and left knee pain and instability, making walking difficult. The injured worker smelled of ethanol. Left shoulder is tender to palpation with limited range of motion with pain. His right shoulder is with crepitation and slight limited range of motion. There is a healing total knee replacement with swelling in the left knee with crepitation on range of motion and he cannot fully extend. His right knee has an arthroplasty surgical scar well healed with no effusion, and good range of motion, which is stable, and has trace edema. The injured worker has been treated with medications, surgeries, physical therapy, and viscosupplementation injection at the left knee x two which made the symptoms worse. The request is for Norco 10/325mg, one, 4-5 a day as needed for pain, #150. Utilization Review dated 11/06/2014 non-certified the request for Norco 10/325mg, one 4-5 a day as needed for pain, #150. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Chronic Pain Medical Treatment Guidelines-Opioids. This injured worker has been on Opioids long term. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was not documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, one 4-5 a day as needed for pain, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

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. There is no recent documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg is not medically necessary.