

Case Number:	CM14-0211106		
Date Assigned:	12/23/2014	Date of Injury:	02/12/2001
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal 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 (IW) is a 70-year-old man with a date of injury of February 12, 2001. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic right shoulder pain, status post-surgery; chronic left shoulder pain, status post-surgery; status post inguinal hernia repair, fairly asymptomatic; status post right inguinal hernia repair, with residual pain; chronic low back pain, secondary to multilevel disc bulges; and insomnia. Pursuant to the progress note dated November 12, 2014, the IW complains of pain in his shoulder and lower back due to the colder weather. He is currently averaging 3 to 4 Norco per day. Current medications include Norco 10/325mg, Naprosyn 500mg, Gabapentin 300mg, and Ambien 10mg. Examination of the shoulders reveals right flexion is 135 degrees, extension is 25 degrees, and abduction is 135 degrees. Left shoulder flexion is 120 degrees, extension is 30 degrees, and abduction is 110 degrees. Examination of the lumbar spine reveals flexion to 70 degrees, extension to 10 degrees, and lateral bending right and left is between 50 to 75% of normal. The documentation does not contain detailed pain assessments, risk assessments or evidence of objective functional improvement associate with ongoing use of narcotics. The documentation indicates the IW was on Vicodin dating back to 2004. Progress notes are broken in terms of time, but Vicodin appears to have been continued in 2012, June 2013, September 2013 through the present. The utilization review indicates the IW is being tapered off Norco. The current request is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses as of November 12, 2014 are chronic right shoulder pain, status post-surgery; chronic left shoulder pain, status post-surgery; status post left inguinal hernia repair, fairly asymptomatic; status post right inguinal hernia repair, with residual pain; chronic low back pain, secondary to multilevel disc bulges; and insomnia. The documentation does not contain detailed pain assessments, risk assessments or evidence of objective functional improvement associate with ongoing Norco use. The documentation indicates the injured worker was on Vicodin dating back to 2004. Progress notes are broken in terms of time but Vicodin appears to have been continued in 2012, and June 2013. In September 2013 Vicodin was changes to Norco and continued through the present. The injured worker, in the November 2014 progress note, indicates his low back pain is more intense than the shoulders and he is averaging 3 to 4 Norco tablets per day. The utilization review indicates the injured worker is being tapered off Norco. Consequently, absent clinical documentation to support the ongoing use and evidence of objective functional improvement with its continued use, Norco 10/325 mg #120 is not medically necessary.