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| Case Number: | CM15-0132452 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 06/21/2010 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 65-year-old female patient, who sustained an industrial injury on 6/21/10. The diagnoses include cervical sprain/strain; bilateral shoulder impingement syndrome; cubital tunnel syndrome left; bilateral upper extremity wrist/hand numbness/tingling. Per the PR-2 notes dated 5/26/15, she was seen as an orthopedic follow-up evaluation. She notes she is about the same. She has received authorization to see a psychologist, which was highly recommended by QME to help her deal with her panic attacks and her significant emotion overlay. The provider notes he will consult the provider network for that. He refilled her medications. The medications list includes norco, ambien, gabapentin, xanax and prilosec. Treatment to date has included status post left shoulder arthroscopy rotator cuff repair; physical therapy; medications. Patient is approved for psychological evaluation on 4/23/15. The provider is requesting authorization of Norco 10/325mg #90 and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: Norco 10/325 mg Qty 90 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non- opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The medication list includes gabapentin. Failure of antidepressants, anticonvulsants or lower potency opioids for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The Norco 10/325 mg Qty 90 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Psychological evaluation, Qty 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided she has received authorization to see a psychologist which was highly recommended by QME to help her deal with her panic attacks and her significant emotional overlay. Follow up with a psychologist is medically appropriate and necessary in this patient with chronic pain and psychological symptoms. The request of Psychological

evaluation Qty 1 is medically appropriate and necessary for this patient at this juncture.