

Case Number:	CM15-0139177		
Date Assigned:	07/29/2015	Date of Injury:	02/07/2012
Decision Date:	09/23/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: New Jersey

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:

The injured worker is a 65 year old female, who sustained an industrial injury on February 7, 2012. She reported that while exiting a bus she fell forward injuring her right hand, left hand, right knee, left knee, and neck. The injured worker was diagnosed as having neck muscle strain, right shoulder strain, adhesive capsulitis of the left shoulder, osteoarthritis of the bilateral hands, degenerative medial meniscus tear of the right knee, history of right knee arthroscopy, left knee contusion, lumbar muscle strain, long term opioid therapy, cervical spondylosis, arthritis of the right shoulder, osteoarthritis of the right knee, and bursitis of the left shoulder. Treatments and evaluations to date have included x-rays, MRIs, physical therapy, epidural steroid injections (ESIs), a right knee meniscectomy in 2012, occupational therapy, acupuncture, and medication. Currently, the injured worker complains of neck pain rated 3/10 on a pain scale where 0 is no pain and 10 is the worst pain imaginable, right knee pain rated 3/10, left knee pain rated 7/10, right arm pain rated 5/10, left arm pain rated 4/10, right hand pain rated 4/10, and left hand pain rated 3/10. The Primary Treating Physician's report dated June 9, 2015, noted the injured worker was requesting a refill of her Norco for pain in the right shoulder, left shoulder, and left knee, as taking the Norco helps her to take care of her mentally challenged niece. The injured worker was noted to be retired, no longer working. Physical examination was noted to show tenderness in the right trapezius and rhomboid muscles, the medial edge of the right scapula, and left trapezius muscle. The shoulder examination was noted to show tenderness in the right bicipital and right supraspinatus. Tenderness was noted in the bilateral lumbar musculature. Crepitus was noted in the bilateral knees with medial and joint line tenderness. The treatment plan was noted to include

continued icing and home exercise program (HEP), and a prescription for Hydrocodone-Acetaminophen (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the records revealed her taking Norco regularly over the past many months leading up to this request. Upon review of these progress notes, there was only vague reporting of the effects of this medication, without stating specifically the pain levels with and without its use or the functional gains with compared to without its use on a daily basis. The request currently for ongoing use of Norco cannot be justified without this specific reporting to show more evidence of benefit. Therefore, the request for Norco will be considered medically unnecessary at this time until this is provided for review.