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| Case Number: | CM15-0141692 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 01/14/2014 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 30 year old man sustained an industrial injury on 1-14-2014. The mechanism of injury is not detailed. Evaluations include undated left elbow x-rays and MRI. Diagnoses include lumbar disc disease, lumbar radiculopathy (resolved), lumbar facet syndrome, status post right thigh incision and drainage, bilateral knee derangement, bilateral sacroiliac joint arthropathy, and right shoulder internal derangement. Treatment has included oral medications, home exercise program, and steroid injection to the elbow/shoulder. Physician notes dated 6-18-2015 show complaints of unchanged lumbar spine pain with radiation to the posterior thigh and gluteus, bilateral knee pain, and right shoulder pain with radiation to the elbow rated 4-8 out of 10. Recommendations include bilateral sacroiliac joint injections, Norco, Motrin, Flexeril, Protonix, Zofran, urine drug screen, continue home exercise program with stretching, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.