MAXIMUS Federal Services

Case Number:	CM15-0198820		
Date Assigned:	10/14/2015	Date of Injury:	04/24/2005
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 04-24-2005. She has reported injury to the neck, right shoulder, and left knee. The diagnoses have included right rotator cuff tear; and status post left knee arthroscopy with persistent knee arthritis. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Advil, Norco, and Lidoderm patch. A progress note from the treating physician, dated 09-01-2015, documented a follow-up visit with the injured worker. The injured worker reported increased pain in the right shoulder and continuing pain in the left knee; she rated her pain as a 6 out of 10 without the use of Norco and uses Motrin or Aleve; she complains of gastrointestinal upset with the use of Motrin and Aleve; she currently uses Norco 5-325 mg two tablets twice daily for pain during the day; she is unable to take the 7.5-325 mg tablets during the day as she feels it affects her thinking; she does take the Norco 7.5-325 mg one to one and one-half tablets at night for pain; she notes that since her Lidoderm patches have been denied, she has increased usage of Norco; she would like to go back on the Lidoderm patch; and she currently has modified duty with restrictions. Objective findings included abduction and flexion on the right shoulder are to 160 degrees and elicit anterior shoulder pain and pain into the lateral deltoid; on the left shoulder it is 180 degrees; internal rotation on the right is to 30 degrees eliciting pain; on the left it is to 90; external rotation on the right is 70 degrees eliciting pain; on the left it is 90 degrees and pain-free; strength testing of the supraspinatus on the right is a 3 possibly due to pain inhibition and on the left is a 5; Speed's maneuver on the right elicits anterior shoulder pain; there was +2 crepitus of the left knee; there was slight fluid on the

left knee; and there is tenderness along the medial and lateral joint line. The treatment plan has included the request for Norco 5-325 mg quantity 120; and Norco 7.5- 325 mg quantity 90. The original utilization review, dated 09-10-2015, non-certified the request for Norco 5-325 mg quantity 120; and Norco 7.5-325 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic April 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325 MG Qty 120 is not medically necessary and appropriate.

Norco 7.2/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic,

non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 7.2/325 MG #90 is not medically necessary and appropriate.