

Case Number:	CM15-0202930		
Date Assigned:	10/19/2015	Date of Injury:	07/30/2002
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on 07-30-2002. A review of the medical records indicates that the worker is undergoing treatment for status post left shoulder rotator cuff surgical repair, right shoulder tendinosis, cervical sprain and strain and bilateral shoulder, elbow and wrist sprain and strain. Subjective complaints (09-24-2015) included recent increase in neck pain and right shoulder pain. Norco was noted to make the worker more comfortable and function better, although there was no documentation of the severity of pain before and after medication use or any documentation of specific objective functional improvement seen with medication use. Objective findings (09-24-2015) included posterior neck tenderness especially on the left side, right shoulder tenderness, limited range of motion of the neck with extension, flexion and rotation and pain with resisted motions of the right shoulder. Treatment has included Norco (at least since one year prior). There was no other recent medical documentation submitted and the most recent documentation submitted prior to 09-24-2015 is a progress note from 12-2013. A utilization review dated 10-05-2015 modified a request for Norco from 7.5-325 mg QTY: 480 to certification of 7.5-325 mg QTY: 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #480: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per the medical records that norco made the injured worker more comfortable and function better, however, there was no documentation of the severity of pain before and after medication use, or any documentation of specific objective functional improvement. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.