

Case Number:	CM15-0203951		
Date Assigned:	10/20/2015	Date of Injury:	07/08/1997
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male, who sustained an industrial injury on 7-8-97. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-15-15 indicated the injured worker complains of chronic right shoulder and left knee pain status post multiple surgeries as reported by the provider. The provider continues documentation "He states approximately 2 weeks ago, his right shoulder 'ripped backwards' when he was washing dishes. He cannot lift his arm above his head and can only flex the right arm at the elbow. He is having severe pain and limited range of motion. He is interested in returning to the shoulder surgeon." He also complains of severe constant left knee pain which increases with any weight bearing and walking. With regard to medications, the provider notes "he has been taking Norco twice-daily for pain as needed. He states that he usually received about a 50% reduction in pain from 8 out of 10 on VAS to a 4 out of 10 with twice daily dosing. E requested one prescription of Norco 10-325mg #60 for date of service 9-3-15; however, our request has been modified with certification of #30 tablets while the remaining #30 tablets have been denied due to the reasons mentioned." Under "Discussion" the provider explains "the UR physician felt that "The patient has been suffering from chronic pain and a review of medical reports do not provide evidence of significant and quantifiable subjective and functional improvement findings as a result of opioid therapy.' The decision was to modify the Norco requested from #60 to #30. The provider documents "We do acknowledge that long term use of opioids is not recommended by the guidelines. The patient utilizes Norco 10-325mg for breakthrough pain. Although the patient has

utilized Norco since at least 12-2014, he does not use it on a regular basis and uses it intermittently as needed. Please note that the patient is status post total left knee replacement and revision as well as multiple surgeries on the right shoulder. Unfortunately, he has been left with chronic pain. It is very uncommon for chronic pain patients to have flare-ups. He utilizes Norco to help with these flare-ups." A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-17-15 and non-certification for Norco 10/325mg #60. A request for authorization has been received for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/15/15. Therefore the request is not medically necessary.