MAXIMUS Federal Services

Case Number:	CM15-0020007		
Date Assigned:	02/09/2015	Date of Injury:	06/21/2012
Decision Date:	05/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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 31 year old female, who sustained an industrial injury on 06/21/2012. She has reported subsequent neck and right shoulder pain and was diagnosed with cervical radiculopathy, facet arthropathy L4-S1, AC joint arthritis of the right shoulder, right shoulder impingement and right L5-S1 radiculitis. Treatment to date has included oral pain medication, physical therapy, injections and application of heat and ice. The utilization review physician noted that progress notes from 01/2015 were submitted and reviewed, however these notes were not submitted at this level of review. In the most recent progress note dated 08/18/2014 the injured worker complained of continued severe pain in the right shoulder and neck that was rated as 9/10. The current treatment request is for Norco, however there is no documentation in the medical record that appears to pertain to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and upper/lower extremities. The request is for NORCO 10/325MG #60. Per 08/18/14 progress report, the patient is taking Norco and Promethazine. The patient has been utilizing Norco since at least 02/10/14. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that 'Hydrocodone has a recommended maximum dose of 60mg/24 hours.' In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in MTUS guidelines. The request is not medically necessary.