

Case Number:	CM15-0021963		
Date Assigned:	02/11/2015	Date of Injury:	09/13/1998
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii

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:

This 68 year old male sustained an industrial injury on 9/13/98, to the left knee. The injured worker complained of ongoing left knee, left shoulder and left hip pain. Treatment included medications, injections, left knee arthroscopy and debridement, left total knee arthroplasty (2006). In an orthopedic office visit dated 12/3/14, the physician noted that the injured worker had swelling in the calf region with palpable tenderness and positive Homan's sign. A request for Doppler ultrasound had been denied. The injured worker had obtained CircuPlex from [REDACTED] for pain. The physician diagnosed a possible deep vein thrombosis and prescribed Tramadol for pain. In a PR-2 dated 1/14/15, the injured worker complained of significant right shoulder pain and mild left knee pain. The physician noted that the injured worker continued to take medication from [REDACTED] for pain. Physical exam was remarkable for right shoulder with positive impingement sign and decreased range of motion and no instability, left knee with a well-healed incision without signs of infection and left calf with tenderness to palpation and negative Homan's sign. Current diagnoses included postsurgical not elsewhere specified and other shoulder affections. The treatment plan included an injection into the shoulder subacromial space and dispensing Norco 10/325 every six hours as needed for pain. On 1/28/15, Utilization Review modified a request for Norco 10/325 mg # 150 to Norco 10/325 mg # 75 for weaning citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 75 for weaning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-94.

Decision rationale: The patient presents with left calf pain and right shoulder pain. The current request is for Norco 10/325 mg #150 which was modified by the UR to Norco 10/325 mg #75 for weaning. The treating physician states on 1/14/14 (B21), Dispense Norco 10/325 (the remaining comments are illegible). Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. For chronic opiate use, MTUS Guidelines pages 88 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.