MAXIMUS Federal Services

Case Number:	CM15-0221169		
Date Assigned:	11/16/2015	Date of Injury:	05/08/2015
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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 was a 53-year-old female, who sustained an industrial injury on May 8, 2015. The injured worker was undergoing treatment for right knee sprain and or strain, right knee meniscal tear and left shoulder pain. According to progress note of September 30, 2015, the injured worker's chief complaint was of moderate pain of 6 out of 10. The pain was described as achy, sharp, throbbing, left shoulder pain, associated with prolonged reaching, prolonged grabbing, grasping, prolonged gripping, prolonged squeezing, prolonged pushing repetitively and prolonged turning. The right knee was constant severe to 9 out of 10 pain. The physical exam noted tenderness with palpation of the anterior shoulder, bicipital groove and lateral shoulder. The Hawkin's and Neer's tests were positive. The right knee had limited range of motion due to pain. There was tenderness with palpation of the medial joint line. The injured worker previously received the following treatments physical therapy, shockwave therapy, Cyclobenzaprine, Transdermal patches, right knee brace, acupuncture therapy, Norco 5-325mg since June 10, 2015and increased Norco 10-325mg on August 28, 2015. The RFA (request for authorization) dated September 30, 2015, the following treatments were requested a prescription for Norco10-325mg #60. The UR (utilization review board) denied certification on October 16, 2015; for a prescription for Norco10-325mg #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, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Chronic), Opioids, specific list, ACOEM Chapter 6, Pain, Suffering, and the Restoration of Function.

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 no documentation to support the medical necessity of norco nor any 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. 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 discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.