

Case Number:	CM15-0040208		
Date Assigned:	03/10/2015	Date of Injury:	02/26/2002
Decision Date:	05/12/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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 55 year old male, who sustained an industrial injury on 2/26/2002. He reports trauma to the neck, shoulders and back. The mechanism of injury was not provided for review. Diagnoses include status post right shoulder arthroscopy, left shoulder rotator cuff tear with strain and labral tear, trapezius sprain/strain and thoracic-lumbar sprain/strain. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/20/2015 indicates the injured worker reported low back pain and numbness and tingling to the bilateral anterior thighs.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10-325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

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

Decision rationale: The patient presents with low back pain and numbness and tingling to the bilateral anterior thighs, rated 5/10. The request is for 120 TABLETS OF NORCO 10-325MG. The RFA provided is dated 02/19/15 and the patient's date of injury is 02/26/02. The diagnoses include status post right shoulder arthroscopy, left shoulder rotator cuff tear with strain and labral tear, trapezius sprain/strain and thoracic-lumbar sprain/strain. Treatment to date has included surgery, physical therapy and medication management. Per 01/20/15 report, current medication includes Norco. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater has not provided a reason for the request. Norco was prescribed to the patient at least since 07/08/14, per provided medical reports. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.