MAXIMUS Federal Services

Case Number:	CM15-0043675		
Date Assigned:	03/13/2015	Date of Injury:	09/27/2003
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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 43 year old male, who sustained an industrial injury on 09/27/2003. He reported injuries to his neck, back, both knees, and right hip. The injured worker is currently diagnosed as having chronic cervical musculoligamentous sprain/strain, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to the right shoulder, right shoulder subacromial decompression, status post left knee arthroscopic surgery with medial meniscal repair, and L4-L5 and L5-S1 annular tears. Treatment to date has included cervical spine and left shoulder surgeries, cervical epidurals, physical therapy, rest, and medications. In a progress note dated 01/26/2015, the injured worker presented with complaints of lumbar spine and bilateral knee pain. The treating physician reported requesting the injured worker to schedule an appointment for physical therapy and ear, nose, and throat consultation and wrote a prescription for Norco to use every 6 hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the cervical and lumbar spines and bilateral knees. The request is for Norco 10/325 MG, ninety count. Physical examination to the cervical spine on 01/26/15 revealed decreased range of motion. Cervical compression was positive bilaterally with radiation to the parascapular area and radiation to the upper arms. Per 01/08/15 progress report, patient's diagnosis include chronic cervical musculoligamentous sprain/strain with 3 mm herniation per MRI study, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to the right shoulder on January 20, 2011, and right shoulder arthroscopic subacromial decompression. Patient's medications, per 11/19/14 progress report include Norco, Motrin, and Ambien. Patient's work status is full duties.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 4 A'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.The patient was prescribed Norco on 02/03/14 and from 10/20/14 and 01/26/15. In progress report dated 05/20/14 and 01/13/15. In progress report dated 01/26/15, the provider states, "I will write a prescription Norco as there are no signs of abuse or adverse reactions." In this case, the provider has not discussed how Norco decreases pain and significantly improves patient's activities of daily living. Patient's blood test results dated 01/05/15 are inconclusive for opiates. There are no discussions with specific adverse effects, ADL's, etc. No CURES or opioid pain contract were provided either. MTUS requires appropriate discussion of the 4 A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.