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| Case Number: | CM15-0048622 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 04/28/1998 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/14/2015 |

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, 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 is a 57 year old female, who sustained an industrial injury on April 28, 1998. The injured worker was diagnosed as having right shoulder impingement syndrome, chronic pain, fibromyalgia, occipital neuralgia, major depression, history of migraines, cervical radiculopathy, and history of bilateral carpal tunnel syndrome. Treatment to date has included home exercise program (HEP), heat/cold, and medication. Currently, the injured worker complains of bilateral shoulder pain, more on the right side. The Primary Treating Physician's visit dated February 27, 2015, noted the injured worker reporting pain manageable with current medication, functional with her Norco. Current medications were listed as Norco, Effexor, Protonix, Docusate Sodium, Relpax, Metformin, Glimepiride, Simvastatin, Minocycline, Clobetasol Propionate cream, Triamcinolone Acetonide cream, Lantus, Aspirin, and Celebrex. The cervical examination was noted to show Hawkins and Neer's tests positive for the right shoulder with generalized tenderness over the cervical area. Diffuse tenderness was noted over both upper extremities with tenderness over the wrists and bilateral occipital tenderness. The thorax examination was noted to show diffuse tenderness, and diffuse tenderness was noted over the lower back area. The Physician noted the injured worker's current medication of Norco was to be continued, with continuation of current conservative treatments including home exercise program (HEP), moist heat, and stretches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although the progress notes submitted have a general description that functional effect of medication is monitored, there are no specific statements as to what functional benefit was attributable to Norco and what objective evidence of functional benefit is noted. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore, the request for Norco 10-325mg #120 is not medically necessary.