MAXIMUS Federal Services

Case Number:	CM15-0049603		
Date Assigned:	03/23/2015	Date of Injury:	05/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old male who sustained an industrial injury on 5/12/14. Injury occurred when a plank broke on scaffolding that was 5 stories up, and he fell on his left side about 1 story down, and was suspended by a vertical wooden board that broke his fall. He lost consciousness and sustained injuries to the neck, back, and left shoulder, arm, hip, and knee. He has been prescribed Norco since the date of injury. The 8/26/14 cervical spine MRI impression documented narrowing of the ventral subarachnoid space at C3/4, C4/5, and C5/6 with multilevel foraminal narrowing, but no significant central canal stenosis. Treating physician records indicated that thoracic MRI showed T9/10 disc disease with vertebral hypertrophy at T6/7. Lumbar spine MRI showed facet changes at L3/4 and L5/S1, and disc changes at L3/4, L4/5, and L5/S1. Left shoulder MRI showed bicipital tendinitis, labral tear, partial thickness rotator cuff repair, and arthritis along the joint line. Left knee MRI demonstrated meniscus tear and arthritis along the joint line. The 2/26/15 treating physician report indicated the patient was seen in follow-up for his left shoulder, left knee, neck, concussion, headaches, thoracic spine, and low back. Two left shoulder injections had provided only temporary relief. He had persistent neck pain and headaches, left knee pain with some instability, popping, and clicking, and low back pain. He took medication to be functional and was using Norco and Ultracet. Functional assessment relative to medication was not documented. Physical exam documented lumbar paraspinal tenderness with pain along the facets and with facet loading. Left shoulder abduction was 160 degrees with pain along the rotator cuff and biceps tendon, and positive impingement tests. The diagnosis included cervical discogenic condition, post-concussion syndrome,

discogenic thoracic and lumbar conditions, left shoulder impingement with bicipital tendinitis, left knee internal derangement, and chronic pain syndrome. Medication authorizations were requested for Norco, Nalfon, LidoPro lotion, Terocin patches, gabapentin, Protonix, Flexeril and Ultracet. Norco was dispensed. Referrals were requested to physiatry for possible injection, and neurology for headaches, Authorization for left shoulder surgery was recommended as the patient had failed conservative treatment, including injections and physical therapy. The request for left shoulder arthroscopy and decompression with modified Mumford procedure and evaluation of labrum and biceps tendon with repair was certified in utilization review on 3/11/15. The 3/11/15 utilization review non-certified a retrospective request for Norco 10/325 mg #90 and a prospective request for Norco 10/325 mg #90. The rationale for non-certification stated that long-term use of opioid medication was noted and medical records did not reflect reduction in pain, functional improvement or improved quality of life with Norco. Norco had been dispensed so there was no concern for withdrawal and an additional prescription was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Restrospective (DOS: 02/26/2015) Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. Norco has been prescribed since the date of injury. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports. Records suggest that Norco dulls the pain, but a specific pain and functional assessment of medication benefit is not provided. This medication was dispensed so withdrawal is not of concern, although weaning is typically recommended. Therefore, this request is not medically necessary.

Associated Surgical Service: Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The continued use of Norco is not supported by guidelines, and weaning was recommended based on the Norco dispensed 2/26/15, as discussed above. The medical necessity of an additional prescription of Norco is not established in the absence of documentation of reduced pain, and functional improvement. Therefore, this request is not medically necessary.