

Case Number:	CM15-0099523		
Date Assigned:	06/02/2015	Date of Injury:	04/29/2009
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient who sustained an industrial injury on 4/29/09. The diagnoses include osteoarthritis of right knee, anterior glenoid labrum lesion, rupture of the bicipital tendon right shoulder and rotator cuff tendonitis impingement syndrome. Per the doctor's note dated 5/11/2015, he had complains of increasing pain in right knee and continued right shoulder pain. Physical exam noted patella crepitus of right knee with tenderness on palpation of medial aspect and restricted range of motion due to pain. The medications list includes atenolol, norco, mobic and paxil. He has undergone arthroscopic surgery of right shoulder on 8/8/2014. He has had (MRI) magnetic resonance imaging of right knee performed of right knee dated 5/22/2014 which revealed advanced osteoarthritis lateral compartment with previous lateral meniscectomy; right shoulder MRI dated 1/26/2015 which revealed post operative supraspinatus tendon with partial thickness insertional tear. He has had physical therapy, shoulder injections and home exercise program. A request for authorization was submitted for Mobic, Voltaren gel and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Request: Norco 10/325mg, #40. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg, #40 is not established for this patient