

Case Number:	CM15-0242769		
Date Assigned:	12/22/2015	Date of Injury:	04/05/2013
Decision Date:	01/28/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/14/2015

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: New Jersey
 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:

The injured worker is a 61 year old female who sustained an industrial injury on April 5, 2013, incurring left shoulder, neck and right knee injuries. She was diagnosed with left shoulder rotator cuff tear, multilevel cervical disc disease with disc protrusion and extrusion, and right knee medial meniscal tear. Treatment included surgical arthroscopic biceps tenodesis and subacromial decompression, 10 sessions of physical therapy with some relief, pain medications, anti-inflammatory drugs, and muscle relaxants. She underwent a right knee partial medial and lateral meniscectomy and chondroplasty. Currently, the injured worker complained of persistent left shoulder pain with difficulty in reaching above the left shoulder. She rated her pain 8 out of 10 on a pain scale from 0 to 10. She noted neck pain rated 4 out of 10 and right knee pain rated 4 out of 10. Climbing and descending stairs increased the right knee pain. Treatment included medication management. The treatment plan that was requested for authorization included a prescription for Norco 10-325mg #90. On November 18, 2015, a request for a prescription of Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this injured worker, opioids were a main treatment strategy over the past many months, with record of recent methadone use. However, upon review of the notes provided, there was reported history of drug abuse and via recent drug screening evidence of marijuana use and misuse of the prescribed opioids. Methadone was stopped due to this. Restarting opioids in any form is likely to lead to a similar inappropriate use based on the evidence presented, and it seems opioids are not a good fit for this injured worker. Therefore, this request for Norco is not medically necessary.