

Case Number:	CM14-0114082		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2009
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain (rated 3/10), right hand pain (rated 2/10), and right hand numbness. The patient had popping in the right shoulder and difficulty lifting more than 5 lbs. Examination revealed that the patient had decreased bilateral shoulder ROM, positive Tinel's and Phalen's on the right and normal gait. An MRI of the left shoulder revealed partial bursal surface tear of the supraspinatus tendon between 5--75% and superior and inferior labral tears. Treatment to date has included surgery and pain medications. The patient had been on opioids since at least December 2012. Utilization review from July 3, 2014 denied the request for Norco 5/325 mg one tablet twice daily as needed #60, 3 Refills because there was no evidence that the patient had been able to return to work or that the patient had improved pain and functioning. There was also no indication that the patient had been randomly screened with urine toxicology and/or that the patient had signed an opioid contract. The patient also had psychiatric comorbidities putting him at risk for opioid dependence, substance abuse disorders and frank addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60, 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient had been on hydrocodone since at least December 2013. The records indicate that the patient benefits from this medication in terms of pain reduction, from 2-3 to 0. However, according to the guidelines, Hydrocodone/Acetaminophen is recommended for moderate to severe pain. Other medications can be used for mild pain. Furthermore, there was no documentation of improved functioning that the patient experienced. There was also neither a documentation of a plan to taper the medication or evidence of a trial to use the lowest possible dose. There was no documentation of the presence or absence of opioid side effects. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The patient is also at increased risk of developing opioid dependence, substance abuse disorders and frank addiction due to his psychiatric comorbidities. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 5/325 mg one tablet twice daily as needed #60, 3 refills is not medically necessary.