

Case Number:	CM14-0121972		
Date Assigned:	09/25/2014	Date of Injury:	08/09/2011
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old male with complaints of neck, right shoulder, low back, and right knee pain. The date of injury is 8/9/11 and the mechanism of injury is fall injury trauma (fell head first from a 12 foot ladder) leading to his current symptoms. At the time of request for Norco 10/325 DOS 7/2/14, there is subjective (neck pain, low back pain, right shoulder pain, right knee pain) and objective (tenderness to palpation cervical spine with increased muscular rigidity, trigger points cervical spine, sensory decreased right C5-6 distribution, bilateral shoulder tenderness and restricted range of motion, tenderness to palpation lumbar spine with increased muscular rigidity, trigger points and restricted range of motion lumbar spine, provocative pain with facet loading lumbar spine, tenderness to palpation knee right greater than left, positive anterior draw's test right knee with positive McMurray's test bilateral knees, soft tissue swelling bilateral knees) findings, imaging findings/other (1/26/12 studies-> MRI cervical spine shows disc displacement C3-4,C4-5,C5-6 with neural foraminal stenosis, MRI lumbar spine shows disc displacement L4-5,L5-S1 with facet arthropathy, MRI right shoulder shows full thickness tear supraspinatus tendon, MRI knees (right) full thickness tear anterior cruciate ligament with medial/lateral meniscal tears and (left) partial thickness tear anterior cruciate ligament; EMG study 1/25/12 shows C6 radiculopathy on the right), diagnoses (cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder internal derangement s/p shoulder arthroscopy 9/24/13, lumbar myoligamentous injury with facet arthropathy, right knee internal derangement s/p surgery 6/12/13 and revision knee surgery 5/14/14, left knee internal derangement), and treatment to date (surgeries as listed, medications, physical therapy, trigger point injections, epidural steroid injections, lumbar facet rhizotomy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross

examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg DOS: 07/02/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. After reviewing the medical records, there is lack of documentation of a review of a drug test by the treating physician even though there is mention that random drug testing is being done. There is lack of documentation of percentage pain relief on and off the medications and in the setting of tachyphalaxis of the effects of chronic use of opioids, one can argue the need for continued prescribing without more specific documentation. As the medical records provided do not support/supply this information. Such as, Norco 10/325 #180 is not medically necessary.