

Case Number:	CM14-0126837		
Date Assigned:	08/13/2014	Date of Injury:	04/28/2006
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of April 28, 2006. A Utilization Review was performed on July 14, 2014 and recommended modification of 1 prescription of Hydrocodone/Acetaminophen 10/325mg #100 with 2 refills to 1 prescription of Hydrocodone/Acetaminophen 10/325mg #75 between 7/2/2014 and 10/9/2014. A Visit Note dated July 2, 2014 identifies Chief Complaint of right knee, right shoulder, and right elbow pain. Physical Examination identifies minimal tenderness of the right knee. Motion is 0 degrees to 100 degrees of flexion. Tenderness to the right shoulder anteriorly. Slight hypesthesia in the distribution of the ulnar nerve. Diagnoses identify rotator cuff tear of shoulder (right, possible), osteoarthritis of the knee (right, status post TKA), status post repair of coracoacromial ligaments (right, approximately 1980), osteoarthritis of elbow joint (right, slight to moderate), nonspecific low back pain, bulging annulus fibrosus of lumbar spine (L4-5), degenerative disk disease of lumbar spine (L3-4, L4-5, moderate), hypertension, compression neuropathy ulnar nerve at elbow (right, status post anterior transposition of ulnar nerve), carpal tunnel syndrome (right, slight to moderate), intrasubstance neuroma of ulnar nerve at right elbow (right), arthralgia shoulder (right), and anterior impingement syndrome shoulder (right, probable). Treatment Plan identifies Hydrocodone-Acetaminophen tabs, 10-325mg #100, 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #100 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.