

Case Number:	CM14-0133041		
Date Assigned:	08/22/2014	Date of Injury:	03/01/2008
Decision Date:	09/22/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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, 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 40 year-old patient sustained an injury on 3/1/08 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #120. Diagnoses include s/p right shoulder surgery x2; left elbow surgery x2; history of asthma, depression, and gastritis. Report of 4/29/14 from the provider noted the patient with ongoing complaints of right shoulder and left elbow pain exacerbated by activities with relief from medications. Medications list Oxycodone, Prilosec, Ibuprofen, and Norco. Exam showed right shoulder and left elbow with scarring; TTP; restricted shoulder range in all planes; positive impingement sign and Neer's; DTRs 1+ and symmetric; motor strength of 5/5 throughout bilateral upper extremities except for left wrist extensor of 4+/5; unchanged from previous exam. Oxycodone was certified with recommendation for weaning on 5/14/14. Report of 7/22/14 from the provider noted the patient with complaints of nausea and dizziness from prescribed Norco; pain rated at 6/10; TTP of right shoulder and left elbow with restricted range in all directions; again unchanged. It was noted the Norco will be discontinued. The patient was permanently disabled. Norco was non-certified previously per peer review on 5/14/14. The request(s) for Norco 10/325mg #120 was non-certified on 8/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain: When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #120 is not medically necessary and appropriate.