

Case Number:	CM14-0161413		
Date Assigned:	10/06/2014	Date of Injury:	09/06/2006
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 77-year-old female who reported injury on 09/06/2006. The mechanism of injury was not included. The diagnoses included shoulder pain. Past treatments were not noted. The progress note, dated 09/04/2014, noted the injured worker complained of pain, rated 7/10, which was unchanged. The physical exam noted right shoulder flexion limited to 85 degrees by pain, extension limited to 55 degrees, and abduction limited to 85 degrees by pain, tenderness to palpation and spasm of the subdeltoid bursa and trapezius muscles, and a positive Hawkins, Neer, and empty can test. Sensation was noted to be patchy, and motor strength was documented as 3/5 to the right finger flexors, 3/5 right grip strength, and 2/5 right shoulder abduction. Spurling's test was negative. Medications included Relafen 500 mg twice daily, Norco 10/325 mg 3 times a day as needed, Lorazepam 1 mg, Prozac 20 mg, and Restoril 15 mg. The physician noted a CURES certification was performed and appropriate in 08/2014. The urine drug screening collected on 05/08/2014, was positive for oxycodone and hydrocodone in the office; however, a laboratory confirmation revealed a positive hydrocodone and norhydrocodone, and a negative screening for oxycodone. The urine drug screening was noted to be consistent with the prescribed medications. The injured worker reported she would not be able to function off her medications, and that with her medications she was able to do light house chores, walk up and down stairs to enter her home, do laundry, light cooking, shopping with limited lifting capacity, and walk her dog around the building. The physician further noted, her pain without medications was 10/10, she denied side effects, and the Norco allows her to be independent with her self-care. The treatment plan requested to refill her medications, and increase Norco from 10/325 mg 3 times a day as needed #90, to Norco from 10/325 mg 3-4

times a day as needed #105, as she has had to take it 3 to 4 times a day. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

105 tablets of Norco 10/325mg (1 refill): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of, Page(s): 78-80..

Decision rationale: The injured worker had pain rated 10/10 without medications, and 7/10 with medications. She is noted to be independent with self-care due to the use of Norco 3 to 4 tablets per day. She was noted to have no side effects related to the medication, an appropriate CURES verification and urine drug screening were documented. The physician planned to increase the number of Norco provided due to the injured worker reporting an increased use of the medication to provide pain and functional benefits. The California MTUS Guidelines recommend opioids for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. The injured worker's pain was documented to be improved with the use of the 3 to 4 Norco tablets per day. There was documentation of functional benefits in the ability of the injured worker to independently perform her activities of daily living with the use of the medication. The injured worker was documented to have no adverse side effects related to the medication use. Aberrant drug taking behaviors were assessed, and medication use was found to be appropriate. The finding of oxycodone on the office urine drug screening was revealed to be negative per the laboratory confirmation test. Given the documented appropriate use of the medication, the absence of aberrant behaviors, the benefits associated with taking 3 to 4 tablets of Norco per day, the absence of side effects related to the medication use, and the lack of indication of a need to slow or stop her opioid use at this time, it appears to be within the evidence based guideline recommendations to continue the use of Norco 10/325mg #105 at this time. Therefore, the request is medically necessary.