

Case Number:	CM14-0094941		
Date Assigned:	07/25/2014	Date of Injury:	03/24/2011
Decision Date:	10/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 42-year-old female who reported an injury on 03/24/2011. The mechanism of injury was due to a slip and fall. The injured worker has diagnoses of left shoulder rotator cuff tear, left knee pain, left chondromalacia patella, cervicgia, left arm radiculopathy, left elbow medial epicondylitis, left elbow lateral epicondylitis, left hip greater trochanter bursitis, and left leg radiculopathy. Past medical treatments consisted of physical therapy, E stim, injections to the shoulders and to the knees, and medication therapy. Medications consisted of Norco and tramadol. There was no drug screen or urinalysis submitted for review. On 05/21/2014, the injured worker complained of left sided pain and ongoing neck pain. The examination of the left shoulder revealed no varus or valgus deformity. There was full range of motion at the shoulder. Muscle strength testing on forward flexion and abduction was 4/5. There was a very positive impingement test, positive Speed's, and Yergason's test. There was pain with direct palpation along the long head of the biceps tendon as it traversed the bicipital groove. The examination of the left elbow revealed full range of motion. There was pain with direct palpation at the medial and lateral epicondyles. There was also pain noted with resisted wrist flexion and extension respectively at the medial and lateral epicondyle. There was a negative Tinel's at the radial tunnel. The examination of the lumbar spine revealed with direct palpation through the paralumbar muscles, the injured worker had minimal amount of pain with spasm and guarding. The injured worker also had a positive straight leg raise on the left at 90 degrees. She had decreased sensation to touch of the L4 distribution. Deep tendon reflexes at L4-5 were 2+/2+ bilaterally. Muscle strength testing revealed 5/5 of the lower extremities bilaterally. There was a negative clonus test. The cervical examination revealed forward flexion 2 inches chin to chest, extension was 40 degrees, and rotation to the left and the right were 40 degrees. With direct palpation through the paracervical muscles, the trapezial muscles, and

medial to the scapular borders, the injured worker had tenderness with spasm and guarding. The treatment plan was for the injured worker to continue physical therapy, receive 3 Euflexxa injections, and continue with the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications page Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78 and 98.

Decision rationale: The request for Norco 10/325mg was not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the usual dose is 5/500 mg and is 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain with a maximum of 8 tablets per day. The guidelines also state that prescriptions should be from a single practitioner taken as directed and all prescriptions from a single pharmacy, and that the lowest possible dose should be prescribed to improve pain and function. The MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Given the above, the injured worker was not within the MTUS recommended guidelines. There were no side effects listed in the submitted reports. There was also no evidence that the Norco was helping with any functional deficits the injured worker had. Furthermore, it was not mentioned in the submitted reports what the injured worker's pain levels were before, during, and after the medication. Additionally, it is unclear whether the pain was reduced by the Norco or another prescribed medication. There was no evidence of a urine drug screen submitted for review. The request as submitted did not indicate a frequency or duration for the medication. As such, the request for Norco 10/325mg is not medically necessary.