

Case Number:	CM14-0217624		
Date Assigned:	01/07/2015	Date of Injury:	12/01/2003
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old male with a date of injury as 12/01/2003. The cause of the injury was not included in the documentation received. The current diagnoses include right shoulder pain and status post right shoulder surgery. Previous treatments include oral medications, home exercise program, and use of ice. Primary treating physician's reports dated 06/02/2014 through 11/07/2014, and a urine toxicology screening dated 04/28/2014 were included in the documentation submitted for review. Report dated 11/07/2014 noted that the injured worker presented with complaints that included right shoulder pain and requesting refill of pain medication. The injured worker's current pain level was documented as 6 out 10 with medications providing 60% relief. Physical examination revealed decreased range of motion, but unfortunately the remainder of the exam was not legible. Treatment plan included refilling medications, weight loss/diet, home exercise program, NSAID's and ice. Reports dated 08/29/2014 and 09/26/2014 indicate that the injured worker was to begin tapering Norco, but there was no other documentation provided indicating an evaluation of the recommended tapering. None of the reports submitted contained documentation of the injured worker's current medication regimen or how these medications have increased functional capacity. The injured worker's work status was not provided. The utilization review performed on 12/08/2014 non-certified a prescription for norco based on no indication of significant quantifiable functional benefit and the injured worker's current medication list was not included. Also, there was no indication the injured worker had signed a narcotics contract. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back, neck and bilateral shoulder pain rated 5-6/10. The request is for 1 NORCO 10/325 mg # 150. The patient is status post right shoulder surgery, date unspecified. Patient's diagnosis on 06/30/14 included bilateral shoulder internal derangement, cervical degenerative disc disease, and left rotator cuff tear. Based on progress report dated 04/28/14, patient states that he normally gets approximately 40-50% relief with his oral medications, which were not listed. Per progress report dated 06/30/14, patient's disability status is deferred to primary treating physician. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient was refilled Norco, per progress reports dated 08/29/14 and 09/26/14, and treater states medications help 60%, are well tolerated, and no side effects are reported. In this case, treater has documented decrease in pain with numerical scales; but he has not discussed how Norco significantly improves patient's activities of daily living. Urine Drug Test dated 05/05/14 showed patient was positive for Hydrocodone and Norhydrocodone, however no discussions regarding aberrant behavior were provided. No opioid pain contract, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.