

Case Number:	CM14-0218255		
Date Assigned:	01/07/2015	Date of Injury:	01/10/2007
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 41 year old female patient who sustained an industrial injury on January 10, 2007. The mechanism of the injury was not specified in the records provided. The diagnoses include rotator cuff syndrome, rotator cuff rupture, carpal tunnel syndrome and joint stiffness shoulder. Per the doctor's note dated 10/09/2014, she had complaints of chronic right upper extremity pain. The physical examination of the right upper extremity revealed swelling, resting tremor, diffuse hyperalgesia, tenderness over the lower cervical spine, right shoulder and right elbow and decreased strength at right shoulder and right wrist. The medications list includes gabapentin, trazodone and hydrocodone. She has had diagnostic studies including Magnetic resonance imaging (MRI) arthrogram of the right shoulder on June 27, 2013 which revealed mild right supraspinatus tendinosis; electrodiagnostic studies dated 9/02/2014 which revealed median neuropathy at right wrist and ulnar neuropathy at the right elbow. She has undergone a right shoulder arthroscopy debridement of partial thickness bursal side rotator cuff tear on January 2, 2014 and right carpal tunnel release on September 10, 2013. The treatment plan is Gabapentin, Trazodone and Norco. On November 14, 2014, the provider requested Norco 5/325mg quantity 120 times two, Gabapentin 300mg quantity 60 and Trazadone 50mg quantity 30, on November 26, 2014, the Utilization Review non-certified the request for Norco and authorized the request for Gabapentin and Trazadone, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120, RX 11/13/14 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page Number 76-80.

Decision rationale: Request: Norco 5/325mg #120, RX 11/13/14 x 1 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. He has had a urine drug test on 8/13/2013 which was positive for opiates. A recent urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #120, RX 11/13/14 x 1 is not established for this patient.

Norco 5/325mg #120, Rx 12/11/14 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page Number 76-80.

Decision rationale: Request: Norco 5/325mg #120, Rx 12/11/14 x 1 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment

failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. He has had urine drug test on 8/13/2013 which was positive for opiates. A recent urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #120, Rx 12/11/14 x 1 is not established for this patient.