

Case Number:	CM15-0016091		
Date Assigned:	02/04/2015	Date of Injury:	02/05/2014
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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 57 year old male who sustained a work related injury February 5, 2014. While restraining an inmate for 5-6 minutes, he twisted his left shoulder, right knee and elbow and felt pain in all three locations. Past history included s/p shoulder arthroscopy with repair left rotator cuff; arms biceps tenodesis left 11/2014. According to a primary treating physician's report, dated January 13, 2015, the injured worker presented for a follow-up of left shoulder, right knee and right elbow. There is a pre-existing remote injury to the right knee while in the military resulting in intermittent mild dull pain. There is slight improvement of the left shoulder pain and mobility and slight improvement of right knee pain. He has completed 7/12 physical therapy sessions since 2/5/2014. Diagnoses; aftercare for musculoskeletal system surgery; traumatic left rotator cuff tear and right knee contusion. Treatment plan included requests for medication; physical therapy as outlined in plan of care and additional sessions; ice pack for the first 48 hours then heat pack for 30 minutes every day and home exercise program. Return to work and modify duty for 3 weeks for physical therapy. According to utilization review dated January 22, 2015, the retrospective request (DOS 01/13/2015) for Hydrocodone Acetaminophen (Norco) 5/325mg QTY: 20 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone - Acetaminophen (Norco) 5/325mg, quantity: 20 (date of service: 01/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: This patient is status post left shoulder arthroscopy with rotator cuff repair on 11/20/2014. The patient currently complains of left shoulder, right knee, and right elbow pain. The current request is for hydrocodone/acetaminophen (Norco) 5/325 mg, quantity 20 (date of service 01/13/2015). For chronic opioid use, the MTUS Guidelines page 88 and 89 state, "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 requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS further requires "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician has provided 1 progress report dated prior to the utilization review from 01/22/2015. It is unclear when the patient was first prescribed this medication. It is clear the patient has been taking this medication prior to 01/13/2015 as this progress report requests a "refill." The only discussion regarding this medication states that the patient "takes Norco as needed for physical therapy before and after." In this case, recommendation for further use of Norco cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. There are no before-and-after scales provided to denote a decrease in pain with utilizing long-term opioid. Possible adverse side effects are not discussed, and aberrant behaviors are not addressed. There are no urine drug screens or CURES report to monitor for compliance either. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.