

Case Number:	CM15-0019625		
Date Assigned:	02/11/2015	Date of Injury:	02/06/2008
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 2/6/08. He has reported pain in the neck, left shoulder and left hip. The diagnoses have included lumbar degenerative disc disease, left hip labral tear, bilateral carpal tunnel syndrome and left shoulder labral tear. Treatment to date has included MRI of the cervical spine and left shoulder, electrodiagnostic studies and oral medications. As of the PR2 dated 12/4/14, the injured worker reports 9/10 pain in the left shoulder, neck and lower back. He was recommended for shoulder surgery but it has not been authorized as of yet. The treating physician requested Norco 10/325mg #120. On 1/8/15 Utilization Review non-certified a request for Norco 10/325mg #120. The utilization review physician cited the MTUS guidelines for neck/upper back and chronic pain. On 1/26/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 120 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck/upper back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there has not been adequate assessment of pain and response to opioids to justify the ongoing prescription of Norco. The physician progress reports from month to month repeatedly state "He is doing well on his pain medications. The pain medications allow him to function and perform his activities of daily living. He is able to help with cooking." No validated pain instrument has been utilized and there has not been an evaluation as discussed above to determine that he actually has greater function with the Norco than he would without. He may be able to function, perform his activities of daily living and help with cooking without Norco. There is no indication that there has been any attempt at weaning the Norco to see if this is the case or not. Simply stating that pain medications allow him to function and perform his activities of daily living is not adequate to verify medical necessity.