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| Case Number: | CM15-0121049 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 05/13/2014 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 47 year old male with an industrial injury dated 05/13/2014. His diagnoses included impingement syndrome (right), lumbar radiculopathy and sprain/strain of lumbosacral spine. Prior treatment included activity modification, medications, injections times 2, therapy for 2-3 months and diagnostics. Acupuncture "is pending scheduling". He presents on 06/04/2015 with complaints of low back pain. The injured worker reported an episode of loss of bladder control and progressive weakness to his shoulders. The severity of symptoms was described as moderate to severe with profound limitations. The pain radiated to right lower extremity. The injured worker also complained of intractable shoulder pain with activities of daily living being significantly affected. Objective findings are not documented. There is documentation of lumbar MRI done on 09/18/2014 showing multilevel relatively mild degenerative disk disease and MRI of right shoulder done on 10/06/2014 showing low grade partial thickness articular sided tear of the supraspinatus tendon. The formal reports are not in the submitted records. The provider documents therapeutic goals are falling short of expectations and the injured worker is going through a flare up of symptoms. The provider documents treatment protocol is being adjusted to stabilize the condition. Treatment plan included continue Anaprox DS, Prilosec, MRI of lumbar spine, MRI arthrogram right shoulder and surgical request for right shoulder arthroscopic acromioplasty. The injured worker also was placed on Norco and Ultracet. The request for Tramadol (Ultracet) 325 mg quantity 60 was authorized. The request for review is Norco 10/325 quantity 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 78-80;124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #40 is not medically necessary.