

Case Number:	CM15-0123280		
Date Assigned:	07/07/2015	Date of Injury:	10/14/2013
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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 60 year old female who sustained an industrial injury on 10/14/13. Diagnoses are rule out facet arthropathy, cervical disc displacement, cervical sprain/strain, right rotator cuff tear, palindromic rheumatism right hand, anterior cruciate ligament-EMS- right knee, bakers cyst right knee, anterior cruciate ligament-EMS- left knee, bakers cyst left knee, injury of the finger/thumb/nail, and aneurysmal bone cyst. In a progress report dated 4/20/15, a treating physician notes subjective complaints of intermittent to moderate pain of the neck rated at 4/10, the right shoulder rated at 7/10 , and the right hand rated at 4/10. Also noted are complaints of constant severe right knee pain rated at 8/10, constant moderate left knee pain rated at 6/10, and left thumb pain. On exam, there is decreased and painful range of motion of the right shoulder. The supraspinatus press causes pain, shoulder apprehension causes pain and Hawkin's is positive. Right knee pain has increased since the last visit. Left and right knee range of motion is decreased and painful. Apley's compression causes pain. Work status is to remain off work. The injured worker is currently taking Norco 10/325mg and Protonix 20mg. Electromyography /nerve conduction studies are pending. The requested treatment is Norco 10/325mg, #90 and one preoperative urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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 evidence of return to work or improvement of activity of daily living. In addition, the request of Norco is for post-operative pain relief; however, the patient's PCP has him already on narcotics. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.

One (1) preoperative urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.