MAXIMUS Federal Services

Case Number:	CM15-0025871		
Date Assigned:	02/18/2015	Date of Injury:	03/18/2014
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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, Michigan, 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:

This 56 year old male sustained an industrial injury on 3/18/14, with subsequent ongoing left shoulder, left ankle, left knee, neck and back pain. Magnetic resonance imaging left shoulder showed a glenoid labrum tear. Magnetic resonance imaging right knee was normal. Magnetic resonance imaging cervical spine and lumbar spine showed disc herniation. On 12/16/14, the injured worker underwent left shoulder arthroscopy with debridement of torn labrum, decompression and bursectomy. In a PR-2 dated 12/30/14, the injured worker complained of postoperative left shoulder pain at 6-7/10 on the visual analog scale as well as ongoing neck pain with radiation to the left upper extremity, low back pain with radiation to both lower extremities and persistent right knee pain. Physical exam was remarkable for bilateral shoulders with diminished range of motion. Current diagnoses included bilateral ankle sprain, bilateral knee sprain, left hip sprain, left Achilles tendinosis and moderate cervical spine and lumbar spine disc herniation. The treatment plan included 12 postoperative physical therapy sessions and continuing medications (Norco 10/325, Meloxicam and Flexeril). On 2/4/15, Utilization Review modified a request for Norco 10/325mg 1 tab po Q 4-6hrs PRN pain #60 with no refills to Norco 10/325mg 1 tab po Q 4-6hrs PRN pain #45 with no refills for the purpose of weaning, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab po Q 4-6hrs PRN pain #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64; 77; 79; 80.

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 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. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.