

Case Number:	CM15-0072280		
Date Assigned:	04/22/2015	Date of Injury:	03/01/2003
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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 60 year old male, who sustained an industrial injury on March 1, 2003, incurring low back, shoulder and upper extremity injuries. He was diagnosed with shoulder pain, and elbow pain with chronic pain syndrome. Treatment included shoulder surgery, transcutaneous electrical stimulation unit, pain medications, and home exercise program. Currently, the injured worker complained of persistent neck and upper extremity pain. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 03/01/03 and presents with neck pain and upper extremity pain. The request is for NORCO 10/325 MG #120. The RFA is dated 03/31/15 and the

patient is permanent and stationary. He has been taking this medication as early as 02/10/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more) states, 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 03/13/15 report states that the patient "is managing the chronic daily pain with medications, which does help to relieve pain significantly so he can continue to stay active and exercise." He rates his pain as an 8/10 without medications and a 1/10 with medications. In this case, the treater does provide a before-and-after medication usage to document analgesia. However, there is no discussion regarding adverse behaviors/side effects. There are no specific examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. The patient had a urine drug screen conducted on 03/13/15 which revealed that he was consistent with his prescribed medications. There is no CURES report on file, nor are there any outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.