MAXIMUS Federal Services

Case Number:	CM15-0091358		
Date Assigned:	05/15/2015	Date of Injury:	02/05/2013
Decision Date:	06/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 2/5/13. The injured worker has complaints of neck pain; bilateral shoulder pain and low back pain with bilateral buttocks and leg pain and right knee pain with constant popping. The documentation noted that on examination there was tenderness to palpation on the left knee, medial joint and decreased motor strength and limited range of motion due to pain. The diagnoses have included sprains and strains of unspecified site of knee and leg; bilateral shoulder pain and dysfunction; bilateral shoulder impingement; bilateral shoulder acromioclavicular (AC) joint arthrosis and status post right shoulder arthroscopy, debridement, and subacromial decompression. Treatment to date has included magnetic resonance imaging (MRI) of the left knee showed medial meniscus tear, chondromalacia, anterior cruciate ligament sprain; magnetic resonance imaging (MRI) of the right shoulder showed partial thickness RTC tear, acromioclavicular (AC) joint arthrosis, down sloping acromion; magnetic resonance imaging (MRI) of the right knee showed tricompartmental osteoarthritis changes and traumatic polyarthalgia; physical therapy; chiropractic treatment; left knee surgery on 11/20/14; left shoulder surgery on 8/1/13; right shoulder arthroscopy on 1/29/15 and Norco. The request was for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for neck, low back, shoulder, and knee pain. She underwent right shoulder arthroscopy in January 2015. When seen, pain was rated at 6-10/10. She was having constant pain without documentation of her response to the medications being prescribed. Medications included Norco at a total MED (morphine equivalent dose) of 30 mg per day.Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.