

Case Number:	CM15-0097927		
Date Assigned:	05/29/2015	Date of Injury:	07/12/2011
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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 55-year-old male who reported an industrial injury on 7/12/2011. His diagnoses, and/or impressions, are noted to include: adhesive capsulitis of the right shoulder; rotator cuff syndrome bursitis; cervicobrachial syndrome; sciatica; internal derangement of the knees; degenerative joint disease of the knees bilaterally; gait instability; mood adjustment disorder; and classified as permanently medically disabled. No current imaging studies are noted. His treatments have included psychiatric evaluation and treatment; medication management; and rest from work. The progress notes of 4/2/2015 reported constant, severe shooting neck pain into both shoulders/arms/wrists/fingers, along with issues of bending at the head, neck, waist and knees. Associated complaints of numbness/tingling/weakness of the extremities, and the locking-up, and giving-way, of both knees which created difficulty with activities of daily living (ADL's). Also reported were back pain/spasms which interfered with ADL's and his sex life; headaches which interfere with sleep; and depression with anxiety. The objective findings were noted to include abnormal assessment findings of the cervical spine, shoulders, back and knees; an antalgic gait; and the assessment of ongoing functional deficits, chronic functional decline and significantly reduced independence with exercise and ADL's. The physician's requests for treatments were noted to include the continuation of Norco.

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 ACOEM.

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. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.