

Case Number:	CM14-0150890		
Date Assigned:	09/19/2014	Date of Injury:	02/29/2012
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 02/29/2012. The mechanism of injury was a forklift accident. Diagnoses included paraplegia, chronic pain syndrome with neuropathic pain components and left ankle swelling post-injury. Past treatments included physical therapy, home health and medications. An unofficial MRI of the right shoulder was completed on 01/24/2013 and reportedly revealed supraspinatus tendinosis and type 2 acromion. An unofficial CT scan of the left hip was completed on 01/24/2013 and reportedly revealed advanced arthrosis with chronic femoral acetabular impingement and osteoporosis. An unofficial MRI of the left ankle was completed on 01/07/2013 and reportedly revealed tendinosis and enesthopathy. An unofficial MRI of the left knee was completed on 01/07/2013 and reportedly revealed medial meniscus tears. Surgical history was not provided. The clinical note dated 06/23/2014 indicated the injured worker complained of pain in the bilateral shoulders, knees, left groin and right lower extremity. The physical exam revealed decreased motor strength in the bilateral lower extremities, a band of absent sensation in the T12 distribution and numbness distal to the right ankle. Current medications included Norco 10/325 mg, Ultram 100 mg, Ambien 10 mg, Colace 200 mg and Senokot 8.6 mg. The treatment plan included Norco. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 06/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets: Upheld

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

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

Decision rationale: The request for Norco is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker had been taking the requested medication since at least 04/2014. There is a lack of clinical documentation of the efficacy of Norco including quantified pain relief, functional improvement, and the occurrence of any potentially nonadherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the dosage, quantity or frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time and the request for Norco is not medically necessary.