

Case Number:	CM13-0038331		
Date Assigned:	12/18/2013	Date of Injury:	11/07/2011
Decision Date:	05/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational Medicine and is licensed to practice in Arizona. 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:

This patient is a 33 year female with a date of injury of 11/07/11 with identifying mechanism of injury as result of lifting boxes. A review of compiled medical documentation delineates documented a cervical spine MRI dated 2/24/12 documenting a straightening of cervical spine with early disc desiccation at C2-3 to C6-7, a diffuse disc protrusion at C4-5 and C5-6 and hypertrophy of facet joints an uncinat process with transiting and exiting nerve roots unremarkable. MRI right elbow dated 2/25/12 documents increased signal adjacent to the ulnar nerve, may represent inflammation (i.e. cubital tunnel syndrome). MRI right wrist dated 2/25/12 documents a 1.3mm negative ulnar variance and excessive dorsal tilting of the lunate suggesting intercalated segment instability. This patient has not undergone any surgery as resultant of her injury. Requesting physician's note dated 9/6/13 reports patient's complaint of cervical, thoracic and lumbar spine, right shoulder, right elbow and right wrist pain with loss of sleep due to pain. Pain is burning, throbbing, stabbing to sharp in character, constant in presentation with associated numbness, tingling and weakness. Physical exam findings include decreased and painful range of motion of the lumbar spine, right elbow and right wrist. A request for an Independent medical review to increase the dosage of Norco from 30 to 60 tablets dispensed is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications Page(s): 75.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol®), Oxycodone (OxyIR®), Oxyfast®, Endocodone®, Oxycodone with acetaminophen, (Roxilox®, Roxicet®, Percocet®, Tylox®, Endocet®), Hydrocodone with acetaminophen, (Vicodin®, Lorcet®, Lortab®, Zydone®, Hydrocet®, Norco®), Hydromorphone (Dilaudid®, Hydrostat®). (Baumann, 2002). Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin®, Oramorph SR®, Kadian®, Avinza®), Oxycodone (Oxycontin®), Fentanyl (Duragesic Patch®), Hydromorphone (Palladone®). The reasons for denial of this request is that the medication requested is a short acting opioid. Although it is not suggested to make medical decision making recommendations, with the high propensity of iatrogenic opioid dependency / addiction. Other means of pain management (long acting opioids, central acting medications) rather than continue use of a short acting opioid is proposed. The request for Norco is not medically necessary.