

Case Number:	CM14-0003366		
Date Assigned:	01/31/2014	Date of Injury:	12/31/2003
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for shoulder and upper arm, thoracic spine, and lumbar spine strain/sprain associated with an industrial injury date of December 31, 2003. Treatment to date has included back support, NSAIDs, opioids, home exercise programs, physical therapy, acupuncture, and shoulder arthroscopy with Mumford procedure (3/30/2012). Medical records from 2012 to 2013 were reviewed. Patient complained of persistent lower back and left shoulder pain. Physical examination of the left shoulder showed tenderness over the supraspinatus tendon, subacromial area, posterior musculature, and anterior capsule, and restricted ROM in all planes. Physical examination of the lumbar spine showed bilateral tenderness over the paraspinal muscles and quadratus lumborum and restricted ROM in all planes. Utilization review from December 31, 2013 modified the request for Norco (Hydrocodone/APAP 10/325MG), #120 to Norco (Hydrocodone/APAP 10/325MG), #70 to be used for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE/APAP 10/325MG #120): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79-80

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 78-81

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. Additionally, guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. In this case, patient has been on hydrocodone since February 2012. Urine drug screen results were consistent with prescribed medications. An appeal letter cited that opioid use provided pain relief from 8/10 to 6/10 in severity; and it allowed the patient to perform self-directed exercises. The pain agreement was likewise reiterated to the patient. The guideline criteria for continuing opioid management have been met. Therefore, the request for Norco (Hydrocodone/APAP 10/325MG), #120 is medically necessary and appropriate.