

Case Number:	CM14-0086333		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2011
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 57-year-old right-hand-dominant male, who sustained a computed tomography to his abdomen while performing his job duties as a machine operator for [REDACTED], on a continuous basis from 4/12/2011 through 8/17/2011. Later on he also injured his back and shoulder. He felt numbness in both legs and a sharp pain in the left groin. X-rays, MRI scans and EMG nerve conduction studies were done and he was treated with medications, brace, injections, physical therapy, and acupuncture. He has had prior shoulder surgery, physical therapy for the shoulder and medications. Magnetic resonance arthrogram of the right shoulder dated 3/21/14 revealed mild tendinopathy of the supraspinatus tendon and mild hypertrophic changes of the AC joint. Urine Drug screen performed on 2/14/2014 was negative. The physical examination from the latest consultation showed bilateral inguinal hernias. Medications: Wellbutrin XL 300 mg, Elavil 150 mg, Valium 10 mg, Norco 10/335 mg, Cyclobenzaprine cream, Prilosec 20 mg, Oxazepam 10 mg, Bupropion HCL XL 300 mg, Trazodone HCL 50 mg, Omeprazole 20 mg, Citracal and Zaleplon. It is noted that Norco was recommended to be tapered to cessation as of 10/16/13. Diagnoses were low back pain syndrome, lumbalgia, myofasciitis, degeneration of lumbar and cervicalgia; and also depressive disorder and panic disorder with agoraphobia. The request for Norco 10 mg #90 with 1 refill was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone; Page(s): 98, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. The Urine drug screen was previously negative. Furthermore, weaning of Norco was previously recommended. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines.