

Case Number:	CM14-0130183		
Date Assigned:	08/20/2014	Date of Injury:	07/29/2013
Decision Date:	03/03/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 30 year old male who suffered a work related injury on 07/29/13, when he slipped and fell injuring his low back, abdomen, and right shoulder. The physician notes from 05/21/14 indicated a pain level of 6/10 in the right shoulder and 4-6/10 in the thoracic and lumbar spine. Moderated tenderness was noted over the AC joint. The low back was tender to palpation in the paraspinal musculature with decreased range of motion in all quadrants. The EMG/NCV from 12/12/14 was essentially normal. The MRI of the right shoulder from 09/12/13 revealed no evidence of a rotator cuff tear, but there was a suggestion of a labral tear. Diagnoses include right shoulder bursitis and impingement, thoracic and lumbar spine sprain/strain, right shoulder labral tear, right shoulder symptomatic AC joint, thoracic spine disc protrusion at T8-9, and Lumbar spine HNP at L5-S1 and L4-L5 with spinal stenosis. The requested treatments include right shoulder arthroscopic subacromial decompression with distal clavicle resection and evaluation of labral tear, postoperative physical therapy, chiropractic physiotherapy for the lumbar spine, urine toxicology screen, Norco, and Lorcet. The Lorcet was denied by the Claims Administrator on 07/17/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorcet 7.5/650mg 1 By Mouth , Twice a Day As Needed for Pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Acetaminophen Page(s): 13-4, 16-9, 34, 60, 74-96.

Decision rationale: Lorcet is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 7.5 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4000 mg of acetaminophen per day which is usually 120mg/day of hydrocodone. The patient is also taking Norco 10-325 which is also a mixed medication made up of the opioid, hydrocodone, and acetaminophen. It is also recommended for moderate to moderately severe pain with usual dosing of 5 or 10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. If the patient takes all the prescribed medication as instructed he will be taking 45 mg of hydrocodone and 1625 mg of acetaminophen. This is within accepted standards for safe therapeutic use of these medications. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is appropriately monitoring this patient and notes the improvement in patient's function with the use of opioid preparations. He has prescribed the lower strength Lorcet for intermittent use when the pain level gets too high. Since the patient is not displaying signs of addiction, the medication is effective in improving the patient's function and the patient is being appropriately monitored by the treating provider, chronic use of opioids in this instance is not contraindicated. Medical necessity for use of this medication has been established.