

Case Number:	CM14-0198996		
Date Assigned:	12/08/2014	Date of Injury:	04/22/2013
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain Medicine, 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:

This 65 year old female sustained a work related injury on 4/22/2013. The current diagnoses are cervical sprain with radicular symptoms, probable right shoulder rotator cuff tear, right shoulder tendinitis, AC joint arthritis, and status post right shoulder arthroscopy (2/28/2014). According to the progress report dated 10/23/2014, the injured workers chief complaints were continued right shoulder pain with activity limitation. Additionally, she reports persistent neck pain that radiates to the right upper extremity. The physical examination revealed restricted range of motion of the right shoulder and cervical spine. On this date, the treating physician prescribed Norco 5/325mg #90, which is now under review. In addition to Norco, the treatment plan included MRI of the cervical spine. The injured worker was previously treated with medications, 18 physical therapy sessions for the right shoulder, and surgery. When Norco was prescribed work status was modified with the following restrictions: No forceful pushing or pulling of the right upper extremity, no lifting over 5 pounds, no repetitive movement of the neck, and no overhead work. On 11/6/2014, Utilization Review had non-certified a prescription for Norco 5/325mg #90. The Norco was non-certified based on no documented improvement with functioning and pain. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab po q4-6 hrs prn pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79,.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.