

Case Number:	CM15-0006730		
Date Assigned:	01/21/2015	Date of Injury:	06/26/2007
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male with an industrial injury dated June 26, 2007. The injured worker diagnoses include cervical sprain/strain, right shoulder internal derangement, central disc protrusion at C4-C5, C5-C6 and C6-C7, and moderate right C5 neural foraminal stenosis. He has been treated with diagnostic studies, prescribed medications, consultation and periodic follow up visits. In a progress note dated 10/23/14, the injured worker reported right neck pain and right shoulder pain with numbness and weakness of the right hand. Physical exam revealed restriction of cervical and right shoulder range of motion in all directions due to pain. Right shoulder impingement signs were positive and there was tenderness to palpitation of the cervical spine. The treating physician prescribed Norco 10/325mg QTY: 120 now under review. UR determination on December 29, 2014 modified the request to Norco 10/325mg QTY: 108, citing MTUSguidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2007 and continues to be treated for chronic neck and right shoulder pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.