

Case Number:	CM15-0100719		
Date Assigned:	06/03/2015	Date of Injury:	06/04/2012
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old female, with a reported date of injury of 06/04/2012. The diagnoses include discogenic cervical condition, right shoulder impingement syndrome, right wrist joint inflammation, discogenic lumbar condition with radicular component on the right lower extremity, chronic pain, and severe headaches. Treatments to date have included functional restoration program; oral medications; an MRI of the neck which showed disc disease from C4- C7, foraminal narrowing at C3-4 on the right, and facet changes from C4-C6; an MRI of the right shoulder which showed tendinosis; an injection to the right shoulder; nerve studies of the upper extremities which showed evidence of carpal tunnel syndrome on the left; an MRI of the brain in 2014; and a TENS (transcutaneous electrical nerve stimulation) unit. The medical report dated 04/29/2015 indicates that the injured worker complained of headaches, low back pain with radiation to both lower extremities, neck pain, and right shoulder pain. The objective findings include full lumbar flexion and extension, limited lumbar rotation to the right, tenderness along the lumbosacral area, absent reflexes, decreased sensory function along the inner leg on the right, decreased neck range of motion, decreased sensory function along the dorsal radial aspect of the hand on the right, tenderness along the rotator cuff and facets of the neck to the right of the midline with a positive facet loading, tenderness along the trapezius, and positive impingement sign in the right shoulder. There was no documentation of increased pain relief and functionality. The treating physician requested Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.