

Case Number:	CM15-0103604		
Date Assigned:	06/08/2015	Date of Injury:	05/10/1999
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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 52 year old female, who sustained an industrial injury on 05/10/1999. She has reported injury to the left hand, left shoulder, bilateral legs, and low back. The diagnoses have included failed low back syndrome; bilateral carpal tunnel syndrome, status post right carpal tunnel release; left shoulder pain, status post arthroscopy; left-sided ulnar neuritis; left- sided lateral epicondylitis; left-sided de Quervain's tenosynovitis; and depression. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, Xanax, and Ambien. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent low back and leg pain that she rates as 10/10 on the visual analog scale; neck and bilateral hand pain that she rates as 10/10 on the visual analog scale; she is not attending any form of therapy; she is not working; and the Norco has been effective because it reduces the pain to the point where it allows her to perform some activities of daily living. Objective findings included tenderness about the lumbar and thoracic paraspinal muscles; decreased lumbar range of motion; and decreased sensation about the L5 dermatome. The treatment plan has included the request is for Norco 10/325 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Detoxification, Benzodiazepines Page(s): 76-96, 31-32, 42, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 1999 and continues to be treated for left shoulder, left hand, and low back and bilateral leg pain. When seen, pain was rated at 10/10. There was spinal tenderness with decreased range of decreased lower extremity sensation. Norco was prescribed at a total MED (morphine equivalent dose) of 15 mg per day. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.