

Case Number:	CM15-0106335		
Date Assigned:	06/10/2015	Date of Injury:	01/16/2013
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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 46-year-old male, who sustained an industrial injury on January 16, 2013. He reported head, neck, right shoulder, abdomen, middle back, low back, left knee and left leg. The injured worker was diagnosed as having status post right shoulder surgery times two, left knee surgery, pain in the joint of the lower leg, pain in the shoulder joint, arthropathy of the shoulder, cervicalgia, thoracic or lumbosacral neuritis or radiculitis, sleep disturbance and chest wall contusion. Treatment to date has included diagnostic studies, cognitive behavioral therapy, medications, conservative care and work restrictions. Currently, the injured worker complains of continued head, neck, right shoulder, abdomen, middle back, low back, left knee and left leg. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 24, 2015, revealed continued pain as noted with associated symptoms. He reported decreased range of motion in the right elbow, right shoulder and left knee with associated tingling and numbness of the left lower extremity. It was noted he was depressed and anxious intermittently. Cognitive behavioral therapy was recommended. Norco was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Opioids, criteria for use.

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 sustained a work-related injury in January 2015 and continues to be treated for abdominal and left lower extremity pain and pain throughout the spine. When seen, medications are referenced as helping and as managing his symptoms. Pain was rated at 6/10. There was decreased spinal and right elbow and shoulder and left knee range of motion. Lumbar facet loading was positive. There was left knee joint line tenderness. There was decreased strength and sensation. 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 (morphine equivalent dose) 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.