

Case Number:	CM15-0132090		
Date Assigned:	07/20/2015	Date of Injury:	10/05/2010
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 10/5/2010. The mechanism of injury is not indicated. The injured worker was diagnosed as having status post right shoulder arthroscopy(1/25/2013), status post left shoulder arthroscopy (3/14/2013), bilateral wrist-forearm tendinitis, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome, cervical spine strain and strain, multi-level degenerative disc disease, facet osteoarthritis and stenosis, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint pain. Treatment to date has included medications, urine drug testing (4/28/2015), lumbar epidural steroid injection (11/17/2014), left shoulder surgery, right shoulder surgery, lumbar epidural steroid injection (2/23/2015). The request is for Norco 10-3235mg #60. Several pages of the medical records have handwritten information which is difficult to decipher. On 1/23/2015, the report indicated his last visit was on 12/16/2014. He indicated his low back pain had decreased and rated it at 8/10. He reported lumbar epidurals done on 11/17/2014 gave him 70% relief for 2 weeks. He is noted to have an antalgic gait to the right, and tenderness in the low back area. The treatment plan included continuing Norco and Cyclobenzaprine. On 4/20/2015, he was given a prescription refill on Norco. On 5/19/2015, he complained of low back pain. Objective findings revealed tenderness in the low back. The treatment plan included: lumbar brace, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg one by mouth every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids; MTUS (2009), Functional restoration approach to chronic pain management Page(s): 74-95, 1, 51, 9.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the work status is noted to be temporarily totally disabled. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The records do not indicate: his current pain level with the use of Norco; his least reported pain over the period since his last assessment; his average pain level with the use of Norco; the intensity of his pain after taking Norco; how long it takes for pain relief to occur with the use of Norco; or how long pain relief lasts with the use of Norco. The records do not indicate an increased level of function as he remained on temporary totally disabled work status. His activities of daily living were not indicated in the documentation. Therefore, the Norco 10/325 mg one by mouth every 6 hours #120 is not medically necessary.