

Case Number:	CM15-0133995		
Date Assigned:	07/22/2015	Date of Injury:	02/21/2013
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59 year old male patient who sustained an industrial injury on 02/21/2013. The injured worker was employed as a cameraman working a stunt scene and a metal shipping container hit him resulting in multiple trauma injuries to ribs, clavicle, bilateral shoulders, right elbow, liver laceration, pelvic fracture and a possible T7 compression fracture. An orthopedic follow up visit dated 12/23/2014 reported the patient with chief complaint of numbness to bilateral hands. The patient is temporarily totally disabled. The assessment found the patient with bilateral cubital tunnel syndrome, rule out cervical radiculopathy. A primary treating visit dated 12/22/2014 reported chief complaint of cervical spine, thoracic spine, lumbar spine, left shoulder, and bilateral hip pains. The patient is noted currently working. The following diagnoses were applied: right scapular fracture; right chest chronic effusion; multiple rib fractures; pelvic fractures with subsequent lower extremity numbness; chronic cervical strain, rule out disc herniation; bilateral upper extremity numbness; facial trauma; rule out cervical radiculopathy; left shoulder rotation cuff syndrome, and lumbar disc herniation with right lower extremity L5 radiculopathy. There is a pending delivery of medical equipment authorized bilateral wrist braces. The patient needs to schedule visit for hip consultation. There is also recommendation from pulmonologist recommending diagnostic pulmonary testing be done. The patient is to continue with unrestricted work and utilize compound topical cream for relief of symptom. A follow up visit dated 01/14/2015 reported the impression being bilateral cubital tunnel syndrome, and cervical stenosis with radiculopathy. The plan of care recommending an ulnar nerve decompression procedure be performed. The medication list include Norco,

Tramadol and Robaxin. Per the note dated 5/26/15 the patient had complaints of pain in neck, back, bilateral shoulder and hip and wrist at 5-8/10. The patient has had BMI of 33.6. Physical examination of the neck, back and shoulder revealed tenderness on palpation and limited range of motion and 4/5 strength. The patient has had positive Hawkins and Neer test. The patient has had positive McMurray's test and positive Valgus Varus stress test. The patient has had MRI of the cervical spine on 11/1/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG on 12/2/14 that revealed L5 radiculopathy and MRI of the lumbar spine on 4/3/2014 that revealed multilevel discogenic disc disease. The patient's surgical history include bilateral hip replacement, and knee surgery. The patient has had UDS on 4/29/15 that was consistent for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #90. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The injured worker was employed as a cameraman working a stunt scene and a metal shipping container hit him resulting in multiple trauma injuries to ribs, clavicle, bilateral shoulders, right elbow, liver laceration, pelvic fracture and a possible T7 compression fracture. The following diagnoses were applied: right scapular fracture; right chest chronic effusion; multiple rib fractures; pelvic fractures with subsequent lower extremity numbness; chronic cervical strain, rule out disc herniation; bilateral upper extremity numbness; facial trauma; rule out cervical radiculopathy; left shoulder rotation cuff syndrome, and lumbar disc herniation with right lower extremity L5 radiculopathy. Physical examination of the neck, back and shoulder revealed tenderness on palpation and limited range of motion and 4/5 strength. The patient has had positive Hawkins and Neer test. The patient has had positive McMurray's test and positive Valgus Varus stress test. The patient has had MRI of the cervical spine on 11/1/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG on 12/2/14 that revealed L5 radiculopathy and MRI of the lumbar spine on 4/3/2014 that revealed multilevel discogenic

disc disease. The patient's surgical history include bilateral hip replacement, and knee surgery. Therefore the pt has a history of a significant mechanism of injury, causing several fractures and a history of bilateral hip replacements. He also has significant objective physical exam findings and imaging study findings consistent with his diagnosis. The patient has had UDS on 4/29/15 that was consistent for Hydrocodone. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg #90 is medically necessary and appropriate in this patient.