

Case Number:	CM15-0134122		
Date Assigned:	07/22/2015	Date of Injury:	09/22/2000
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
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: 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:

This is a 54 year old female with a September 22, 2000 date of injury. A progress note dated June 2, 2015 documents subjective complaints (continued neck pain, back pain, and shoulder pain; pain rated at a level of 7/10 with medications; insomnia; anxiety and depression), objective findings (decreased range of motion of the cervical spine; tenderness of the cervical spine; lumbar spine tenderness; facet joint tenderness; decreased range of motion of the lumbar spine), and current diagnoses (cervicalgia; other affections of the shoulder region not elsewhere classified). Treatments to date have included medications, cervical medial branch blocks, and back bracing. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for neck, low back, and right shoulder pain. Assessments reference pain at 9/10 without medications and 5-7/10 with medications. Physical examination findings included decreased cervical spine range of motion with tenderness. There was decreased lumbar spine range of motion with facet joint tenderness. She had decreased right shoulder range of motion with subacromial tenderness and pain with resisted abduction. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. No other opioid medications were being prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.