

Case Number:	CM15-0135382		
Date Assigned:	07/23/2015	Date of Injury:	05/07/2012
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on 5/07/2012. Diagnoses include bilateral shoulder tendinopathies, subluxation of the bilateral sternoclavicular joints, cervical sprain/strain with underlying severe spondylosis and syringohydromyelia, headaches related to post concussive head injury, neck pain, bilateral carpal tunnel syndrome with recent trigger release, dysphagia and dyspepsia symptoms from medication and neuropathic pain across the neck and shoulder girdle. Treatment to date has included medications including Lyrica, Norco, Tylenol, Omeprazole, Cymbalta and ThermaCare heat patches and steroid injections. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported ongoing neck pain, headaches, pain across the shoulders, the sternoclavicular joints and trapezius muscles. She reports pain and weakness in both hands, more on the right with tingling sensation and diminished ability to grip and grasp. She reported 50% functional improvement and 50% reduction in pain with the current prescribed medication regimen. Physical examination revealed neck range limited in all planes. Cervical compression causes neck pain without radiation. Palpation of the sternoclavicular joints bilaterally revealed tenderness with crepitus on passive range of motion and circumduction in both shoulders. Examination of the hands revealed positive Phalen's and Tinel's. The plan of care included medication management and authorization was requested for Norco 7.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 7.5/325mg #60 is not medically necessary.