

Case Number:	CM15-0145317		
Date Assigned:	08/06/2015	Date of Injury:	12/15/2009
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 34 year old male who sustained an industrial injury on 12-15-09. He had complaints of low back, neck and bilateral shoulder pain. Progress report dated 7-8-15 reports continued complaints of back pain and stiffness that radiates down into the right and left leg. He has numbness and weakness in both legs. The pain is described as aching, sharp, stabbing, throbbing, spasm, pins and needles that shoots down the right leg and is rated 6 out of 10. He also has complaints of pain in his neck and right shoulder with radiating pain to the right and left arm. He has weakness, numbness and tingling. The pain is made worse with turning his head and is rated 7 out of 10. The right shoulder pain is described as aching, burning, soreness, stiffness, tenderness, throbbing, tingling, numbness and stabbing and is rated 6-7 out of 10. Current medications provide good relief from the pain. Assessment includes: likely diagnosis of cervical facet capsular tears, bilateral shoulder impingement, neuropathic dysesthesias, status post right shoulder surgery on 6-17-11, disc protrusions. Plan of care includes: in depth discussion today regarding treatment options, risks and benefits, request the following medications: testosterone injection, pristiq, norco 10-325 mg 1 every 4 hours and ibuprofen, will undergo an SI injection and request consultation with MRI results. Work status: permanent and stable. Follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one by mouth every four hours quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91;78-80.

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 injury in December 2009 and continues to be treated for neck and low back pain and bilateral shoulder pain medications are referenced as providing a 90% improvement in pain and attempts at decreasing the dose resulted in increased pain and suffering with decreased functional capacity when seen, his BMI was 31. There was decreased lower extremity strength. Shoulder impingement testing was positive. There were decreased right lower extremity reflexes. There was cervical and lumbar tenderness with trigger points. Sacroiliac joint testing on the right side was positive. Norco was refilled at a total MED (morphine equivalent dose) of 60 mg per day. 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, medications are providing decreased pain, and there have been attempts at lowering the dose. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.