

Case Number:	CM15-0146123		
Date Assigned:	08/07/2015	Date of Injury:	05/27/1999
Decision Date:	09/17/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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 York

Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 05-27-1999. The injured worker is currently diagnosed as having bilateral chronic shoulder pains with history of three surgeries on the right shoulder and one surgery on the left side in 2010, neck pain with upper back pain, and left upper extremity electromyography/nerve conduction velocity studies consistent with borderline left carpal tunnel syndrome. Treatment and diagnostics to date has included shoulder surgeries, chiropractic treatment, physical therapy, injection, use of medications. Cervical spine MRI dated 06-30-2015 which showed worsening of the central and left subarticular zone disc osteophyte complex causing flattening of the left anterior surface of the cord with mild left sided canal stenosis and moderate to severe left exit foramen narrowing at C3-C4 level. In a progress note dated 07-02-2015, the injured worker reported neck and bilateral shoulder pain. The injured worker noted that his pain level can be as high as 10 out of 10 on the pain scale and it drops down to 20 out of 10 with use of his medications. The physician noted that the injured worker's urine drug screen during his visit showed negative for opiates and sent the urine out for confirmation. Objective findings included mild triggering of the 4th digit on the right hand when making a fist, weakness with left hand grip, and pain with cervical extension. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. In addition, a recent urine drug screen was negative for opiates bring in to question the regular usage of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.