

Case Number:	CM15-0163325		
Date Assigned:	08/31/2015	Date of Injury:	02/13/2008
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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 50-year-old male, who sustained an industrial injury on 2-13-08. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical muscle spasm; cervical sprain-strain; lumbar muscle spasm; left shoulder bursitis; left shoulder impingement syndrome; left knee chondromalacia; left knee internal derangement; anxiety and depression. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker complains of intermittent neck pain. Pain is reported as increasing when turning his head from side-to-side flexing and extending the head and neck, reaching and lifting and with prolonged sitting and standing. He rates his pain level as 7-8 out of 10. He complains of intermittent low back pain with pain radiating into the bilateral lower extremities. The pain is accompanied with tingling and burning sensation and increases with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. He rates this pain as 7-8 out of 10 on the pain scale. The left shoulder complaints are of constant moderate and achy. The left knee complaints are continuous left knee pain with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting or stooping with episodes of giving way. He rates his right and left knee pain as 9 out of 10. He also noticed he had an onset of depression and insomnia, which was attributed to the frustration of his dealing with his pain. On physical examination, the provider documents tenderness to palpation of the cervical paravertebral muscles with spasms. There is tenderness to palpation of the lumbar paravertebral muscles with muscle spasms. He has tenderness to palpation of the anterior shoulder. There is spasm of the lateral shoulder with Neer's and Hawkin's testing as positive. The

shoulder apprehension test is negative. There is tenderness to palpation of the anterior, medial and posterior knee. The anterior and posterior drawers are negative. The provider is requesting authorization of 1 Prescription of Norco 10/325mg #60. The medication list includes Losartan, Omeprazole and Metformin. The patient has had UDS on 7/9/15 that was negative for medication and it was consistent. The patient's surgical history includes left shoulder arthroscopy in 2009 and left knee arthroscopy in 2013. The patient had received an unspecified number of PT visits for this injury. Patient had received ESIs for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Request Prescription of Norco 10/325mg #60. 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 non-opioid 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 diagnosed as having cervical muscle spasm; cervical sprain-strain; lumbar muscle spasm; left shoulder bursitis; left shoulder impingement syndrome; left knee chondromalacia; left knee internal derangement; anxiety and depression. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker complains of intermittent neck pain at 7-8 out of 10 and low back pain with pain radiating into the bilateral lower extremities with tingling and burning sensation. On physical examination, the provider documents tenderness to palpation of the cervical paravertebral muscles with spasms. There is tenderness to palpation of the lumbar paravertebral muscles with muscle spasms. He has tenderness to palpation of the anterior shoulder. There is spasm of the lateral shoulder with Neer's and Hawkin's testing as positive. The patient's surgical history includes left shoulder arthroscopy in 2009 and left knee arthroscopy in 2013. There is no evidence of aberrant behavior. There are significant abnormal objective findings on physical exam that are consistent with the complaints. There is a history noted of onset of depression and insomnia, which was attributed to the frustration of his dealing with his pain. 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 while other forms of treatment for chronic pain like anticonvulsants or antidepressants are considered. The medication Prescription of Norco 10/325mg #60 is medically necessary and appropriate in this patient.