

Case Number:	CM15-0164019		
Date Assigned:	09/01/2015	Date of Injury:	06/04/2012
Decision Date:	10/05/2015	UR Denial Date:	07/13/2015
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: Arizona, Texas

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 47 year old female who sustained a work related injury June 4, 2012. A report of a lumbar MRI dated July 7, 2015, is present in the medical record. Past history included hypertension and type II diabetes. According to an orthopedic physician's progress report, dated June 30, 2015, the injured worker has completed a functional restoration program, currently using an H-wave unit, and is undergoing psychotherapy. She complains of ongoing right shoulder pain which has increased. She has undergone one injection for the right shoulder and would prefer to undergo surgery. She reports pain along the left shoulder and low back pain with spasms and radiating pain down both lower extremities. Her neck pain continues with frequent headaches. Objective findings included; back-full flexion and extension to 10 degrees, tilting 10 degrees and rotation limited to the right, absent reflexes and sensory function is decreased along the inner leg on the right; neck-flexion 20 degrees, extension 20 degrees, and tilting 25 degrees, shoulder elevation is 90 degrees to the right and 180 degrees to the left, reflexes are absent, sensory function is decreased along the dorsal radial aspect of the hand on the right, impingement sign is positive. Diagnoses are discogenic cervical condition; impingement syndrome, right shoulder; wrist joint inflammation; stenosing tenosynovitis along the first extensor on the right; rotator cuff strain on the left; left carpal tunnel syndrome; discogenic lumbar condition; chronic pain. At issue, is the request for authorization for Norco #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.