

Case Number:	CM15-0167073		
Date Assigned:	09/04/2015	Date of Injury:	06/05/2013
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 27 year old male, who sustained an industrial injury on June 05, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic sprain and strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain and strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain and strain, and rule out ankle internal derangement. Treatment and diagnostic studies to date has included x-rays of the thoracic spine, x-ray of the right shoulder, x-ray of the right wrist, x-ray of the right ankle, x-ray of the left knee, medication regimen, acupuncture, massage therapy, and physical therapy. In a progress note dated July 21, 2015 the treating physician reports complaints of constant, moderate, sharp, throbbing, burning, upper and mid back pain; constant, severe, burning, sharp, right shoulder pain with stiffness, heaviness, tingling, and weakness; constant, severe, throbbing, stabbing, right wrist pain; constant, severe, sharp, burning, throbbing right knee pain; and constant, severe, sharp, stabbing, and throbbing right ankle pain. Examination reveals a slightly decreased range of motion to the thoracic spine, decreased range of motion to the right shoulder with pain, tenderness to the right acromioclavicular joint, right anterior shoulder, and right lateral and posterior shoulder, positive supraspinatus press, muscle spasm of the forearm, decreased range of motion to the right knee with pain, tenderness to the right anterior, lateral, medial, and posterior knee, positive McMurray's testing, decreased range of motion to the right ankle with pain, tenderness to the right anterior ankle, tenderness to the right anterior talofibular ligament, and tenderness to the right lateral ankle. The treating physician did not indicate the injured

worker's current medication regimen. The injured worker's pain level to the right wrist, right knee, and right ankle was rated a 9 out of 10, the pain level to the right shoulder was rated an 8 out of 10, and the pain level to the thoracic spine was rated a 7 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his current medication regimen and after use of his current medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the treating physician noted that the injured worker has relief from use of his medication regimen, but the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication of Norco 10-325mg with a quantity of 100 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg #100, 1 tablet by mouth four times a day as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, pain treatment agree.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in both knees and in the right ankle, shoulder, elbow, and wrist with hand numbness and tingling. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. It was unclear if the worker had used this medication in the past. There was no discussion detailing how this medication improved the worker's function,

describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 100 tablets of Norco (hydrocodone with acetaminophen) 10/325mg one tablet taken up to four times daily as needed for pain is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.