

Case Number:	CM15-0168362		
Date Assigned:	09/09/2015	Date of Injury:	05/23/2009
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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 46 year old female, who sustained an industrial injury on 5-23-09. The injured worker was diagnosed as having chronic pain syndrome, carpal tunnel syndrome, cervical radiculitis, cervical degenerative disc disease and shoulder pain. The physical exam (9-15-14 through 5-8-15) revealed ongoing pain in the neck, shoulder and right upper extremity. The injured worker rated her pain a 5-6 out of 10 with medications and a 7-9 out of 10 without medications. The treating physician noted diminished sensation in the right arm, a negative Spurling's sign and reduced cervical range of motion in all planes. Treatment to date has included physical therapy, heat and ice, Naproxen and Tramadol. Current medications include Elavil, Flector patch, Colace and Norco (since at least 9-15-14). A urine drug screen on 6-5-15 was consistent with prescribed medications. As of the PR2 dated 7-31-15, the injured worker reports pain in her neck, shoulder and right upper extremity. She indicated that she is able to stay functional and take care of her family with current medications. She rates her pain a 7 out of 10 with medications and 9 out of 10 without medications. Objective findings include diminished sensation in the right arm, a negative Spurling's sign and adequate cervical range of motion with increased pain on flexion and extension. The treating physician requested Norco 10-325mg #120 and Colace 100mg #30. On 8-3-15 the treating physician requested a Utilization Review for Norco 10-325mg #120 and Colace 100mg #30. The Utilization Review dated 8-10-15, modified the request for Norco 10-325mg #120 to #60 and non-certified the request for Colace 100mg #30. The patient has had MRI of the right shoulder on 1/11/13 that revealed tendon tear. The patient's surgical history include right shoulder surgery on 4/23/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Norco 10/325 mg #120. 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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications is not specified in the records provided. 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. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Consistent significant abnormal objective findings on physical examination were not specified in the records provided. She rates her pain a 7 out of 10 with medications and 9 out of 10 without medications. A significant relief of pain with opioids is not specified in the records provided. The level of pain control with non opioid medications for chronic pain (anticonvulsants), along with lower potency opioids like Tramadol, without the use of Norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.