

Case Number:	CM15-0181123		
Date Assigned:	09/22/2015	Date of Injury:	12/02/2010
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 12-02-2010. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for status post rotator cuff surgery to right shoulder, irritable bowel syndrome, gastritis, cephalgia, diabetes mellitus, and status post cervical spine replacement surgery at C5-6. Treatment and diagnostics to date has included cervical spine surgery, physical therapy, aquatic therapy, interferential unit, consistent urine drug screens dated 01-22-2015 and 04-09-2015, and use of medications. Medications have included Norco, Pantoprazole, Cyclobenzaprine, Diclofenac, Advil, Glyburide-Metformin, Omeprazole, Docusate Sodium, Metformin, Glipizide, and Farxiga. In a progress note dated 07-02-2015, the injured worker reported right shoulder symptoms rated 6 out 10 on the pain scale. Objective findings included x-rays of right shoulder and right humerus which showed "no increase of osteoarthritis". The Utilization Review with a decision date of 08-13-2015 non-certified the request for Norco tab 10-325mg #50 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: 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 (Classification), Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone / acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Continued use of opioids is appropriate with improved function and pain relief. In this case the medical records show that the injured worker has been taking Norco on a long term basis. A non-steroidal anti-inflammatory medication is also used and assumed to be inadequate for pain control used alone. There is no documentation of specific functional improvement with use of Norco. There is no review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no pain assessment including the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Continued use of opioids is appropriate only with documentation of improved function and pain relief. Urine drug screens have been appropriate. It is unclear whether a pain contract is in place. The request does not note how often the medication is given. The request for ongoing use of Norco 10/325mg #50 is not consistent with the MTUS guidelines and is not medically necessary.