

Case Number:	CM15-0184321		
Date Assigned:	10/01/2015	Date of Injury:	09/08/1988
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65-year-old female with a date of industrial injury 9-8-1988. The medical records indicated the injured worker (IW) was treated for cervical discopathy with disc displacement; cervical and lumbar radiculopathy; right shoulder rotator cuff syndrome; and lumbar discopathy with disc displacement. In the progress notes (8-29-15), the IW reported cervical spine pain radiating down to both arms, associated with numbness and tingling, and low back pain radiating down both legs, associated with numbness and tingling. The record stated pain was decreased from 8 out of 10 to 5 out of 10 with Ultram and Paxil and from 7 or 8 out of 10 to 5 out of 10 with "Prilosec". Medications included Norco (since 12-2014), Fexmid, Paxil, Prilosec, Ultram ER and topical Cyclobenzaprine 10% and Tramadol 10% cream. On examination (8-29-15 notes), there was tenderness in the cervical and lumbar paraspinal musculature with decreased ranges of motion due to pain and stiffness. The bilateral shoulders were tender over the acromioclavicular joints and Neer's, Hawkins' and O'Brien's tests were positive; range of motion was decreased, especially abduction and adduction. Sensation was diminished in the bilateral C5-6 and bilateral L5-S1 dermatomal distributions. Reflexes were 1+ throughout. The IW was temporarily totally disabled. Treatments included medications. A urine drug screen on 8-13-14 was not consistent with prescribed medications. There were no other recent records available for review. A Request for Authorization was received for Norco 10-325mg, #120. The Utilization Review on 9-16-15 non-certified the request for Norco 10-325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1988 and continues to be treated for radiating neck and radiating low back pain. When seen, medications were decreasing pain from 8/10 to 5/10 physical examination findings included cervical spine tenderness with decreased and painful range of motion. Spurling's and Hoffman's testing was positive. There was decreased and painful lumbar spine range of motion with tenderness. Straight leg raising was positive. There was decreased shoulder range of motion with tenderness and positive impingement testing. There was decreased upper and lower extremity sensation. Extended release tramadol was continued. Norco was prescribed. The total MED (morphine equivalent dose) was 70 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.