

Case Number:	CM15-0191321		
Date Assigned:	10/05/2015	Date of Injury:	08/11/2013
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 43 year old female, who sustained an industrial injury on 08-11-2013. She has reported subsequent neck, back and shoulder pain and was diagnosed with chronic left shoulder pain with left shoulder MRI showing partial thickness bursal surface tear of distal supraspinatus tendon and degenerative changes of the acromioclavicular joint, chronic lumbar back pain with lumbar facet hypertrophy from L3-S1, chronic cervical myofascial pain, left shoulder adhesive capsulitis and chronic thoracic myofascial pain. The injured worker was also diagnosed with pain disorder associated with psychological and general medical conditions and adjustment disorder, mixed with anxiety, depression and somatic complaints. Treatment to date has included pain medication, which was noted to provide some pain relief and functional improvement. Documentation shows that opioid medication had been prescribed as far back as 2013. On 06-27-2015, the physician noted that because of the potential interaction between Amitriptyline and Tramadol and Tramadol and Venlafaxine, the injured worker was prescribed Norco rather than Tramadol. In a progress notes dated 07-28-2015 and 08-25-2015, the injured worker reported continued neck, upper and lower back and left shoulder pain with burning pain in the upper back and left shoulder. The physician noted that the injured worker obtained pain relief and improved functioning from Norco but the degree of pain relief and the specific objective functional improvement was not documented. Objective findings on 07-28-2015 showed decreased range of motion of the bilateral shoulders and decreased range of motion of the neck, tenderness of the left supraspinatus, infraspinatus, rotator cuff, paracervical areas from C2-C7 to T1, parathoracic tenderness from T1 to T12-L1, paralumbar tenderness from L1 to L5-

S1, lower thoracic and lumbar spasm and right sacroiliac and right trochanteric tenderness. Objective examination findings on 08-25-2015 showed decreased range of motion of the right shoulder and neck, paracervical tenderness from C2-C7-T1, parathoracic tenderness from T1 to T12-L1 and paralumbar tenderness from L1 to L5-S1, bilateral sacroiliac and trochanteric tenderness, bilateral rotator cuff, supraspinatus and infraspinatus tenderness and slight cervical, thoracic and lumbar spasm. The injured worker was noted to be unable to work. A request for authorization of 1 prescription of Norco 5-325 mg #150 was submitted. As per the 09-16-2015 utilization review, the request for Norco was modified to certification of Norco 5-325 mg #48 between 8-25-2015 and 11-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #150: 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 (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, 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. In this case the medical records indicate that the injured worker has used Norco since at 6-27-15. The records do not document specific functional improvement or a pain assessment to include the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Use of a pain scale would be appropriate. With that said, the treating physician does document that the Norco provides pain relief and functional improvement. Furthermore, there is documentation of a pain contract and no aberrant behaviors or evidence of misuse. Drug testing could be considered. The injured worker has been on opioid medication since 2013 with tramadol being discontinued secondary to possible drug interactions. Although the primary treating physician should provide improved documentation to support ongoing treatment with opioid medications, as described in the MTUS, it does appear that ongoing use of Norco is necessary. At this time the request for Norco 5/325mg #150 is medically necessary.