

Case Number:	CM15-0026919		
Date Assigned:	02/19/2015	Date of Injury:	12/16/2013
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male with an industrial injury dated 12/16/2013 while forcefully trying to remove a stuck/jammed filter. His diagnoses include bursitis of the left shoulder, left shoulder joint pain, and left carpal tunnel syndrome. Recent diagnostic testing has included electrodiagnostic studies (08/28/2014) revealing a prolonged median nerve delay along the carpal tunnel area, and a MRI of the left shoulder (08/13/2014) showing evidence of minimal tendinosis of the supraspinatus tendon without rotator cuff tear, minimal fluid in the subacromial/subdeltoid bursa, and type II acromion without narrowing of the coracoacromial arch. Previous treatments have included conservative care, medications, home exercise program, and physical therapy. In a progress note dated 12/09/2014, the treating physician reports left shoulder pain with numbness and tingling in the left hand, pain in the trapezius muscle that radiates to the arm. Pain was rated as 5/10 in the left shoulder. The objective examination revealed mild tenderness to palpation of the upper cervical neck, negative Spurling's test, tenderness to palpation of the lateral tip of the shoulder and biceps tendon, full passive range of motion and decreased active range of motion, and tenderness in the left palm with full range of motion. The treating physician is requesting Norco which was denied by the utilization review. On 01/28/2015, Utilization Review non-certified a prescription for Norco 10/325mg #120, noting that the surgery for which the medication was request to treat post-operative pain was denied and therefore the Norco is also denied. The MTUS/ACOEM and ODG Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, Norco was requested to treat post-operative pain. Since the surgery request was denied, there is no need for Norco. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.