

Case Number:	CM15-0027185		
Date Assigned:	02/19/2015	Date of Injury:	05/22/2001
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
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: California
 Certification(s)/Specialty: Internal 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 55-year-old female, with a reported date of injury of 05/22/2001. The diagnoses include neck pain, low back pain, limb pain, joint pain, bilateral shoulder tendonitis, elbow pain, and cervical disc disease. Treatments have included Norco. The progress report dated 01/07/2015 indicates that the injured worker continued to have hand pain and left-sided elbow pain. She had cramping in the hands and tendonitis, and the cramping seemed to be getting worse. The injured worker had no change in her symptoms since the last visit. She felt that her pain and limitations had affected her activities of daily living. The objective findings included pain on palpation over the lateral epicondyles, left greater than right; and cervical spine pain to palpation at C3-4. The treating physician renewed the Norco 10/325mg #240 for pain. On 02/02/2015, Utilization Review (UR) denied the request for Norco 10/325mg #240, noting that there was no documentation of functional improvements in activities of daily living as a result of Norco usage; no documentation with evidence of an opioid contract, CURES reports, urine drug testing, pill counts, and no impairment, abuse, diversion, or hoarding. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 212-214, 40-46, 271-273, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Hydrocodone has a recommended maximum dose of 60 mg/24 hours. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and upper extremity conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The primary treating physician's progress report dated 12/10/14 documented a physical examination which showed pain over the medial and lateral epicondyles bilaterally and over the bilateral biceps tendons and bilateral subacromial bursa. No diagnostic study results were documented. Norco 10/325 mg 2 tablets four times a day #240 was requested, which is equivalent to 80 mg of Hydrocodone daily. Per MTUS, Hydrocodone has a recommended maximum dose of 60 mg / 24 hours. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and upper extremity conditions. The request for Norco 10/325 mg is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.