

Case Number:	CM15-0213420		
Date Assigned:	11/03/2015	Date of Injury:	01/06/2005
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 63 year old male, who sustained an industrial injury on 1-6-2005. The injured worker is undergoing treatment for: bicipital tenosynovitis of shoulder, shoulder tendinitis, infraspinatus sprain, spondylolisthesis, and lumbar spinal stenosis. On 8-28-15, he reported pain to the neck, right shoulder, right elbow, right wrist, low back, right knee, thoracic spine, sacroiliac spine, left elbow, right chest, right anterior arm, right wrist and forearm, right knee, and bilateral hips. He rated the pain 6 out of 10, at its worst 8 and best 3. On 10-2-15, he reported pain to the right shoulder, lumbar spine, and cervical spine. He rated his pain 5 out of 10, 8 at its worst and 4 at best. He states his pain is better with medication and rest. Objective findings revealed decreased cervical spine range of motion and tenderness, decreased right shoulder range of motion and positive impingement empty can Spurling's testing, decreased strength of the right upper extremity. The treatment and diagnostic testing to date has included: medications, MRI of the left shoulder (10-6-15), MRI of the lumbar spine (10-4-15), MRI of the right shoulder (10-5-15). Medications have included: Norco, Prilosec. The records indicate he has been utilizing Norco since at least March 2015, possibly longer. There is no discussion of pain level after taking Norco, or the duration of pain with the opioid. Current work status: unclear. The request for authorization is for: Norco 10-325mg tablets quantity 60. The UR dated 10-8-2015: modified certification of Norco 10-325mg tablets quantity 30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the right shoulder, lower and upper back, and right leg; hand numbness and tingling; dizziness; anxious moods; and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.