

Case Number:	CM15-0214538		
Date Assigned:	11/04/2015	Date of Injury:	02/28/2006
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 39 year old male, who sustained an industrial injury on 2-28-2006. The medical records indicate that the injured worker is undergoing treatment for pain in limb, acromioclavicular joint-ligament sprain, adhesive capsulitis of the shoulder, post-concussion syndrome, chronic post-traumatic headache, rotator cuff sprain, status post left shoulder surgery times 3, and chronic pain due to injury. According to the progress report dated 9-30-2015, the injured worker presented with complaints of aching pain over the vertex of the skull with some stabbing sensations along the right side. He notes burning sensations down the volar aspect of his left arm, pins and needles and aching across the proximal chest wall and posterior shoulder area, and some numbness of his fingertips. On a subjective pain scale, he rates his pain 7 out of 10 with medications and 9 out of 10 without. The physical examination reveals significant decrease in cervical range of motion with tightness of the left trapezius. He has hypersensitivity of the skin on the left shoulder. His left shoulder is significantly elevated. The left arm is internally rotated and the wrist flexed. The current medications are Norco (since at least 2014), Imitrex, Propranolol, Pennsaid, Pristiq, and Topamax. Treatments to date include medication management, physical therapy (significant improvement), cortisone injection, and surgical intervention. The original utilization review (10-15-2015) partially approved a request for Norco 10-325mg #60 with no refills (original request was for #180 with one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: 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 (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 for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg #180 with 1 refill is not medically necessary.