

Case Number:	CM15-0217601		
Date Assigned:	11/09/2015	Date of Injury:	03/30/2004
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 03-30-2004. Medical records indicated the worker was treated for lumbar sprain, myofascial dysfunction, shoulder bursitis, knee sprain. In the provider notes of 09-24-2015, the injured worker complains of ongoing severe neck pain, bilateral shoulder pain, worsening pain in her left elbow, wrist and hand. Her back pain radiates into her right leg, and she reports difficulty swallowing following her neck surgery. She has self-procured the cost of her most recent Norco prescriptions. She rates her pain as an 8 on a scale of 0-10 and a 4 on a scale of 0-10 with medications. Without medications she rates her pain a 10 on a scale of 0-10. Norco reduces her pain by 50% and gives her functional improvement with activities of daily living. On physical exam, her neck and back exams reveal limited range of motion in all planes. She has good reflexes, considered +1 in the biceps, triceps, and brachial radialis, and +1 at the knees and ankles. Toes are down going to plantar reflex bilaterally. Her right knee has full active range of motion. Patellar compression is mildly painful, and McMurray's sign is negative. Bilateral shoulder exam reveals limited range of motion in all planes with mild crepitus on circumduction passively of both shoulders with impingement signs. Medications include Norco, Soma, and Topamax. She has been on Norco since at least 01-15-2015. No opioid contract or urine toxicology screens are found in the records 01-15-2015 to 09-24-2015. The treatment plan is for a renewal of her medications and pursue referrals to appropriate specialties for her psyche, ear nose and throat, and gastrointestinal specialist. A request for authorization was submitted for 1 prescription for Norco

10/325 mg # 240. A utilization review decision 10-08-2015 modified certification to approve 1 prescription for Norco 10-325 mg #180 between 09-24-2015 and 12-05-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325 mg: 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 for chronic pain, Opioids, criteria for use, Opioids, long-term assessment, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in March 2004 when she injured her neck, low back, and knee when she struck a cabinet. She underwent a cervical disc replacement and fusion in June 2008 with second surgery in September 2009. A right biceps repair was done in 2014. She continues to be treated for neck, back, bilateral shoulder, and left wrist, elbow, and hand pain. She has residual dysphagia following her cervical spine surgeries. Medications are referenced as decreasing pain from 8/10 to 4/10 with a 50% functional improvement. When seen, there was decreased cervical and lumbar range of motion. There was decreased shoulder range of motion with crepitus. There was positive impingement testing. Norco was being prescribed and was continued at a total MED (morphine equivalent dose) of 80 mg per day. No other opioid medications are being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.