

Case Number:	CM15-0218445		
Date Assigned:	11/10/2015	Date of Injury:	02/13/2002
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on February 13, 2002. The injured worker was diagnosed as having ulnar collateral instability with gamekeeper's thumb on the left from injury on May 31, 2001, status post ulnar collateral ligament repair with metacarpophalangeal joint of the left thumb with residual arthralgia and weakness, closed head trauma, anxiety, post traumatic stress disorder, right shoulder injury with impingement syndrome, low back strain, neck strain, right lateral epicondylitis from injury on February 13, 2012, status post right shoulder arthroscopy with residual, status post repeat right shoulder arthroscopy with unchanged residuals, chronic low back pain with positive electromyogram and magnetic resonance imaging finding with degenerative disc disease at lumbar four to five and lumbar five to sacral one with progressive neural foraminal stenosis, status post right shoulder intervention in 2013, and status post right shoulder intervention in 2002. Treatment and diagnostic studies to date has included laboratory studies, electrodiagnostic study, medication regimen, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, and above noted procedures. In a progress note dated September 23, 2015 the treating physician reports complaints of pain to the low back and the right shoulder. Examination performed on September 23, 2015 was revealing for impingement to the right shoulder, decreased range of motion with weakness, subacromial discomfort, sensory changes to the lumbar five and sacral one levels, positive bilateral straight leg raises, decreased range of motion to the lumbar spine, and sensory changes to the lower extremity. The injured worker's medication regimen on September 23, 2015 included Hydrocodone (Norco) (since at least April

29, 2015), Omeprazole, Gabapentin, and Naproxen. The injured worker's pain level on September 23, 2015 was rated an 8 out of 10, noting a 50% reduction in the visual analog scale score with the use of his medication regimen and noting that the injured worker has improvement in function with activities of daily living such as self-care and sleep. On September 23, 2015 the treating physician requested Norco 10-325mg with a quantity of 180 for "severe pain particularly at night for sleep". On October 29, 2015 the Utilization Review determined the request for Norco 10-325mg with a quantity of 180 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation DEA, SUBCHAPTER - CONTROL AND ENFORCEMENT, Part C - Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since April 2015, with state significant pain relief and increases in function. Continue Norco is warranted in this case, but this request for 108 tablets is not supported. The injured worker should be followed closely for continued efficacy and possible side effects. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #180 is determined to not be medically necessary.