

Case Number:	CM15-0039097		
Date Assigned:	03/09/2015	Date of Injury:	07/17/2012
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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 42 year old male, who sustained an industrial injury on 7/17/12. He reported pain in the right shoulder, neck and low back. The injured worker was diagnosed as having lumbago and disorders of bursae and tendons in shoulder region. Treatment to date has included physical therapy x 5 sessions, chiropractic x 15 treatments, acupuncture, lumbar MRI and pain medications. As of the PR2 dated 2/18/15, the injured worker reported increased low back and hip pain and is now experiencing insomnia. He reported that the pain is reduced to a 3/10 with current medications including Norco 10/325mg. The treating physician noted tenderness to palpation over the anterior aspect of the right shoulder and bilateral lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 x 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of cervical sprain and strain, lumbosacral sprain and strain, shoulder sprain, cervical radiculitis. The patient was involved in a motor vehicle accident. The urine drug screen dated 1/21/15 was consistent with prescribed medications. The pain management report dated 2/18/15 documented the diagnoses of lumbago and shoulder disorders. The patient is status post multiple shoulder surgeries. Treatments have included acupuncture, chiropractic, physical therapy, and epidural steroid injection. Analgesia, activities of daily living, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.