MAXIMUS Federal Services

Case Number:	CM15-0073026		
Date Assigned:	04/22/2015	Date of Injury:	11/10/2006
Decision Date:	08/13/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 71-year-old male who sustained an industrial injury on 11/10/2006.He reported a gradual onset of pain in the neck, low back and hands. The injured worker was diagnosed as having chronic bilateral shoulder impingement syndrome, and tendinitis and rotator cuff tear in the left shoulder. Treatment modalities have included physical therapy for six weeks (without improvement), a transcutaneous electrical nerve stimulation (TENS) unit, heat and cold, surgeries, and shoulder injections. Currently, the injured worker is seen for chronic left shoulder pain, and follow-up evaluation and management of chronic pain. An opioid risk assessment has been carried out and a narcotic agreement is in place. The department of justice/drug enforcement agency drug activity report was checked, and there is no noted doctor shopping and no unexpected prescriptions. The medications pain relief, functional outcomes, adverse side effects and aberrant behavior were reviewed with the worker. His medications include Norco, Celebrex, Voltaren 1% gel, Prilosec and a multivitamin. The Norco helps decrease his pain overall by 90% and keeps him functional and active. His worst pain score is 4-5 on a scale of one-10. His least pain score was 1-2 on a scale of 1-10.His usual pain score is 1-2 on a scale of 10. The pain is unchanged from last visit, the sleep pattern, functionality, and medication usage is unchanged from his prior visit. There is no mention of how long the pain medications take to act, or how long the pain relief lasts. The treatment plan includes continuation of medications for 2 months' worth of prescriptions. The worker did not bring in his narcotic pain medications for pill counts, nor has he brought them in on for earlier occasions. He was reminded of his opioid contract agreement to bring them in for count. He was given a letter of discharge from the pain management service. A request for authorization is made for the following: 1. Norco Tab 10-325mg #45 to be filled 04/25/201 and 2. Norco Tab 10-325mg #45 to be filled 05/25/2015. The patient's surgical history includes cervical fusion in 2008 and left shoulder surgery in 2/2013. Norco helps the patient to keep the functional status and decrease pain by

90%. The patient has had X-ray of the right shoulder that revealed degenerative changes; CT scan of the cervical spine that revealed evidence of fusion; MRI of the cervical spine revealed centralcanal stenosis; EMG revealed bilateral CTS; MRI of the lumbar spine revealed degenerative changes and disc protrusions; and MRI of the left shoulder in 10/2014 that revealed RCT. The patient had received an unspecified number of the PT visits for this injury. The patient had used a TENS unit for this injury. A recent urine drug screen report was not specified in the records provided. Patient had received right shoulder cortisone injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #45 to be filled 05/25/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects."He reported a gradual onset of pain in the neck, low back and hands. The injured worker was diagnosed as having chronic bilateral shoulder impingement syndrome, and tendinitis and rotator cuff tear in the left shoulder. Treatment modalities have included physical therapy for six weeks (without improvement), a transcutaneous electrical nerve stimulation (TENS) unit, heat and cold, surgeries, and shoulder injections. Currently, the injured worker is seen for chronic left shoulder pain, and follow-up evaluation and management of chronic pain. An opioid risk assessment has been carried out and a narcotic agreement is in place. The department of justice/drug enforcement agency drug activity report was checked, and there is no noted doctor shopping and no unexpected prescriptions. The medications pain relief, functional outcomes, adverse side effects and aberrant behavior were reviewed with the worker. The Norco helps decrease his pain overall by 90% and keeps him functional and active. His worst pain score is 4-5 on a scale of one-10. His least pain score was 1-2 on a scale of 1-10. His usual pain score is 1-2 on a scale of 10. The pain is unchanged from last visit, the sleep pattern, functionality, and medication usage is unchanged from his prior visit. He was reminded of his opioid contract agreement to bring them in for count. The patient's surgical history includes cervical fusion in 2008 and left shoulder surgery in 2/2013.The patient has had X-ray of the right shoulder that revealed degenerative changes; CT scan of the cervical spine that revealed evidence of fusion; MRI of the cervical spine revealed central canal stenosis; EMG revealed bilateral CTS; MRI of the lumbar spine revealed degenerative changes and disc protrusions; and MRI of the left shoulder in 10/2014 that revealed RCT. Patient had received right shoulder cortisone injection for this injury. Therefore, the patient had significant objective findings. The criteria for the use of Norco have been addressed appropriately. There is no evidence of adverse effects or aberrant pain behavior. Norco 10/325mg #120 is medically necessary and appropriate in this patient.