

Case Number:	CM15-0084957		
Date Assigned:	05/07/2015	Date of Injury:	04/12/2014
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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:

This is a 48-year-old male with an April 12, 2014 date of injury. A progress note dated March 26, 2015 documents subjective findings (ongoing pain and stiffness to the neck with headache; continued pain and stiffness of the right shoulder; persistent and increasing pain and stiffness to the lower back radiating to the right leg; abdominal pain; stress; anxiety; depression; difficulty sleeping), objective findings (loss of normal cervical lordosis; tenderness to palpation over the paraspinous region and anterior shoulder region with spasms present; tenderness over the S1 vertebral body; limited range of motion of the cervical spine; tenderness to palpation over the anterior aspect, acromion process, and coracoid region of the right shoulder; limited range of motion of the right shoulder; decreased motor power of the right deltoid and supraspinatus; loss of normal lumbar lordosis; tenderness to palpation over the lumbar spine with spasms present; limited range of motion of the lumbar spine; difficulty with toe and heel walking; straight leg raises positive on the right), and current diagnoses (cervical spine sprain/strain; cervical spondylosis; rotator cuff injury; lumbar spine sprain/strain; lumbosacral disc protrusion; right lower extremity radiculitis; internal medicine complaints; psychological complaints). Treatments to date have included medications, physical therapy (benefit reported), and right shoulder rotator cuff repair. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain and stiffness in the neck, right shoulder, and lower back that went into the right leg; abdominal pain; anxious and depressed moods; and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 7.5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Therefore, the request is not medically necessary.