

Case Number:	CM15-0086907		
Date Assigned:	05/11/2015	Date of Injury:	06/19/2014
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 was a 51 year old male, who sustained an industrial injury, June 19, 2014. While holding a 40 pound drill in the right hand, the injured worker was drilling overhead; the drill bit got caught in a stud. The injure worker slammed the right arm and shoulder against the wall and immediately complained of neck, right shoulder and right arm pain. The injured worker previously received the following treatments status post right knee arthroscopic surgery, pain management consultation and cervical neck x-rays, bilateral carpal tunnel release, physical therapy, cervical spine MRI, Norco, Anaprox, Fexmid, trigger point injections and Prilosec. The injured worker was diagnosed with cervical sprain/strain, trapezius sprain/strain, right shoulder strain/sprain, cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder internal derange, probable right bicipital tendon rupture, status post two level cervical fusion and status post four level lumbar fusion. According to progress note of March 4, 2015, the injured workers chief complaint was severe debilitating neck pain that caused headaches and radiates upper extremities; right greater than the left. The injured worker rated the neck pain 8 out of 10. The pain was enabling the injured worker to sleep. The injured worker rated the right shoulder pain at 9 out of 10 with associated weakness with lift and making a drip. The physical exam noted decreased range of motion in the right upper extremity and cervical spine. The tendon reflexes of the bilateral biceps, triceps and brachioradialis reflexes, 2 out of 4. There was decreased range of motion of the lumbar spine in all planes. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg twice a day, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 67-68, 78-91.

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 breakthrough 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder internal derangement, probable right bicipital tendon rupture, two level cervical fusion, four level lumbar fusion, right prepatellar bursectomy, right patellar foreign body excision, and right patellar debridement. The primary treating physician's progress report dated 3/4/15 documented subjective complaints of neck and shoulder pain. The patient remains on current oral analgesic medications which include Norco 10/325 mg and Anaprox which has been beneficial. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. 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.