

Case Number:	CM15-0089999		
Date Assigned:	05/14/2015	Date of Injury:	06/15/2013
Decision Date:	06/16/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male who sustained an industrial injury on 06/15/2013. Diagnoses include cervical radiculopathy, shoulder pain and lateral epicondylitis. Treatments to date include medications, activity modification, cervical epidural steroid injections and physical therapy. MRI of the cervical spine dated 8/14/14 showed disc degeneration and uncinate hypertrophy causing marked bilateral foraminal stenosis and borderline central canal stenosis at C5-6 and C6-7 and moderate stenosis at C3-4, C4-5 and C7-T1. MRI of the left shoulder on the same date showed moderate distal supraspinatus and infraspinatus rotator cuff tendinopathy with distal interstitial tears but no surface or full-thickness tear or retraction, proximal bicipital tendinopathy and small glenohumeral joint effusion. According to the progress notes dated 4/14/15, the IW reported low energy and pain rated 9/10 in the neck, radiating to the left upper extremity with numbness, tingling and weakness in the left arm and hand. He also complained of pain rated 9/10 in the upper back, left shoulder, arm, elbow, wrist and hand. His social and physical functioning was decreased. The records reviewed indicated the first request for Norco occurred on 1/9/14 and he was taking two to three tablets daily. A request was made for 1 prescription of Norco 10/325mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for radiating neck and bilateral shoulder pain. Treatments have included medications, epidural injections, and physical therapy. When seen, pain was rated at a constant 10/10. There was decreased and painful cervical spine and shoulder range of motion. There was left cervical paraspinal muscle and facet tenderness and shoulder impingement testing was positive. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Norco has been prescribed since January 2014 and being taken 2-3 times per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, the claimant has ongoing constant pain rated at 10/10. There is no evidence that the prescribed medication is providing improved function or quality of life. Therefore, the continued prescribing of Norco was not medically necessary.