

Case Number:	CM14-0210852		
Date Assigned:	12/23/2014	Date of Injury:	07/06/2009
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 38-year-old man who sustained a work related injury on July 6, 2009. Subsequently, he developed chronic neck, low back, and shoulder pain. According to the progress report dated November 20, 2014, the patient reported cervical spine, lumbar spine, bilateral shoulders, and bilateral hip pain. he rated his cervical spine pain at 8/10 and frequent with radiation of pain into the right upper extremity; lumbar spine pain at 5/10 with radiation of pain into the right leg; bilateral shoulder pain at 4/10 and frequent; and bilateral hip pain at 5/10 and frequent. The patient reported improvement in his pain from 6/10 to 2/10 after taking medication. Examination of the cervical spine revealed limited range of motion because of pain. he had tenderness in midline and tenderness in the paraspinal musculature with chronic hypertonicity in the right trapezius muscle. There was also tenderness noted over the right levator muscle. Examination of the right shoulder revealed forward flexion and abduction of 140 degrees. Internal and external rotation of 60 degrees. There was positive Hawkins' and Neer's impingement. Neurologically, both upper extremities were intact. There was tenderness noted over the AC joint with superior migrating distal clavicle. The patient was diagnosed with right shoulder rotator cuff syndrome, status post arthroscopy, right shoulder acromioclavicular arthrosis, status post distal clavicular excision, and right chronic superior migration of the clavicle after surgery. The provider requested authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone APAP) 10/325 mg, ninety count without refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 - 78, 88, and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 (or non-adherent) 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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco has been taken constantly, daily, and routinely for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.