

Case Number:	CM14-0086720		
Date Assigned:	07/23/2014	Date of Injury:	10/11/2001
Decision Date:	06/02/2015	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/10/2014

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: 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 is a 50 year old male, who sustained an industrial injury on October 11, 2001. He reported injuries of bilateral hands, bilateral legs, and testicular and inguinal regions. The injured worker was diagnosed as having occipital neuropathy and neuralgia, cervical musculoligamentous injury, cervical disc bulging and radiculopathy, chronic pain and disability with delayed functional recovery, left elbow cubital tunnel syndrome, lumbar spine disc bulging and arthropathy, right shoulder adhesive capsulitis frozen shoulder, right shoulder impingement syndrome, bilateral elbow lateral epicondylitis, sacroiliac dysfunction, status post right shoulder arthroscopy, status post left knee arthroscopy, bilateral knee medial meniscus tears, right acromioclavicular sprain/strain, right shoulder rotator cuff tendinitis, right shoulder musculoligamentous injury, bilateral elbow and knee tendinoligamentous injury, thoracic spine musculoligamentous sprain, and lumbar spine musculoligamentous sprain/strain. Diagnostic studies to date have included urine drug screening, MRI, x-rays, and discogram. Treatment to date has included physical therapy, acupuncture, a home exercise program, wrist straps and braces, an electrical stimulation unit, lower back injections, surgery, and medications including anti-epilepsy, short-acting and long acting opioid, histamine 2 antagonist, proton pump inhibitor, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. On May 5, 2014, the injured worker complains of continuous neck pain radiating to the shoulders and head, which is rated 8/10. He complains of continuous bilateral shoulder pain radiating to the arms and hands, which is rated 7/10. Associated symptoms include shoulder instability, clicking, and popping, grinding, swelling, numbness, tingling, and burning. He complains of continuous bilateral wrist

pain, which is rated 7/10. Associated symptoms include numbness, weakness, tingling, and burning. He complains of continuous/intermittent low back pain, which is rated 8-10/10. Associated symptoms include pain radiating to the legs and knees with numbness, tingling, weakness, and burning. He complains of continuous bilateral knee pain that radiates into the ankles and feet, which is rated 8-10/10. Associated symptoms include swelling, clicking, and popping. The treatment plan includes continuing his current short-acting opioid medication, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg # 30: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for chronic pain. When seen, he was having bilateral knee and neck and low back pain with upper and lower extremity symptoms. MS Contin had been prescribed at the previous visit. Pain was rated at 10/10 without medications in 6/10 with medication. The assessment references medications as allowing the claimant to remain functional with increased mobility, tolerance of activities of daily living, and ability to perform home exercises. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. There was cervical and lumbar spine tenderness with decreased range of motion and decreased left upper and lower extremity strength and sensation. His MS Contin dose was increased and the total MED was 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 with reported decreased pain and improved activity tolerance. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.