

Case Number:	CM14-0093315		
Date Assigned:	07/25/2014	Date of Injury:	05/07/2012
Decision Date:	06/10/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 55 year old female, who sustained an industrial injury on May 7, 2012. She reported being a restrained driver rear ended by another car, hitting her head on the back of the head rest, with headache, neck, and low back pain. The injured worker was diagnosed as having bilateral shoulder tendinopathies with AC joint arthritis and sternoclavicular subluxation and arthritis over the left sternoclavicular joint, history of cervical sprain/strain injury with underlying cervical degenerative disc disease and facet arthrosis with syringohydromyelia seen on MRI of traumatic origin from C5 to C7, posttraumatic stress disorder, headaches post-concussion in nature with short term memory loss and cognitive dysfunction, and bilateral carpal tunnel syndrome with triggering of the digits, not industrially accepted to the case. Treatment to date has included MRIs, x-rays, massage therapy, cortisone injections, CT scans, and medication. Currently, the injured worker complains of constant neck pain, frequent headaches that radiate behind her temporal areas, chronic shoulder pain, inability to raise her arms at or above shoulder height, memory loss, depression, anxiety, fear of driving, and numbness and tingling in her hands and triggering in the digits in her hands. The Primary Treating Physician's report dated May 23, 2014, noted the injured worker's current medications as Lyrica, Cymbalta, Norco, and Fioricet. Physical examination was noted to show a subluxed left sternoclavicular joint with pain to palpation and crepitation in the left shoulder joint. Examination of the cervical spine was noted to show limited range with cervical compression causing neck pain without radiation. The left shoulder was noted to have exquisite tenderness over the subacromion with positive impingement sign, crepitus on circumduction of the shoulder joint near the AC joint, and limited

range of motion (ROM). Examination of the right shoulder was noted to show mild crepitus on circumduction passively of the shoulder joint with tenderness over the bicipital joint and limited range. The treatment plan was noted to include an increase in the Cymbalta for myofascial pain and depression and refills of the Norco, Fioricet, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for neck, shoulder, and arm pain after a motor vehicle accident. When seen, medications were Lyrica, Cymbalta, Norco, and Fioricet. Neck and shoulder pain were rated at 6-8/10 and headache pain at 5-10/10. There was decreased shoulder range of motion with positive impingement testing. 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, there is no documentation that Norco is providing decreased pain, increased level of function, or improved quality of life and it may be causing rebound headaches. Therefore, the continued prescribing of Norco was not medically necessary.