

Case Number:	CM15-0116210		
Date Assigned:	06/24/2015	Date of Injury:	09/07/2001
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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: Physical Medicine & Rehabilitation

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 46-year-old male who sustained an industrial injury on 08/07/01. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include pain in his lower back that radiates to his lower extremities and left shoulder pain. Current diagnoses include flaccid left hemiplegia, derangement of joint left shoulder, and lumbar radiculopathy. In a progress note dated 06/04/15 the treating provider reports the plan of care as Norco until MS Contin can be authorized, as well as physical therapy, a pain management consultation, an electrodiagnostic study, a MRI, and a front wheel walker. The requested treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, When to continue Opioids, Weaning of medications Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Medications for chronic pain Page(s): 76-78,
88-90, 60-61.

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with pain in his lower back that radiates to his lower extremities and left shoulder pain. The request is for NORCO 10/325MG QTY: 270. Patient's diagnosis per Request for Authorization form dated 06/04/15 includes flaccid hemiplegia side NOS, shoulder derangement of joint NOS, and lumbar radiculopathy. Physical examination to the left shoulder revealed tenderness to palpation over the joint, restricted range of motion, and positive impingement sign. Examination of the lumbar spine revealed tenderness over the paraspinal muscles and restricted range of motion. The patient is unable to heel-toe walk. Positive straight leg raise test on the left. Treatment to date included physical therapy and medications. Patient's medications include MS Contin and Norco. The patient is temporarily very disabled. Treatment reports were provided from 07/21/14 - 06/04/15. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." It appears Norco is being initiated per 06/04/15 report. Treater states; "We will temporarily give [the patient] Norco to reduce his pain and allow him to function, while he is awaiting for the MS Contin to be approved. Once it is approved, next month, we will refill the MS Contin. The medications allow [the patient] to function." The patient has been taking MS Contin for "6 years." Given this patient's diagnosis of flaccid hemiplegia and continued pain symptoms, a trial of Norco would appear reasonable in this case. However, the requested monthly dosage of #270 exceeds MTUS recommendation of "60mg/24hrs" maximum Hydrocodone dose. Furthermore, MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request IS NOT medically necessary.