

Case Number:	CM15-0118653		
Date Assigned:	06/26/2015	Date of Injury:	01/22/2007
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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 is a 48-year-old male who sustained a work related injury January 22, 2007. While parking a forklift, the rear tire came off, slamming the forklift to the ground and resulting in severe pain in his neck. Past history included s/p anterior cervical discectomy C4-5 and C5-6, s/p 3 left shoulder surgeries, including arthroscopic labral and subacromial debridement's with rotator cuff repair, right ulnar nerve transposition with medial epicondylar debridement. A CT of the cervical spine, dated February 19, 2015, (report present in the medical record) and present in the medical record revealed post-operative changes compatible with spinal fusion throughout the mid cervical spine. There is canal stenosis and neural foraminal narrowing at the mid cervical spine related to proliferative changes and disc disease, intrathecal catheter present C2, small rounded focus at the laryngeal airway 2-3 mm in diameter, anterior to C6-C7 interspace and may represent mucous or a small polyp. Nerve conduction study performed March 2, 2015, (report present in the medical record) revealed consistent results with moderate bilateral carpal tunnel syndrome and mild right ulnar neuropathy at the elbow. According to a primary treating physician's progress report, dated April 30, 2015, the injured worker presented with complaints of pain in the left shoulder. Physical examination revealed; mild acromioclavicular joint tenderness on the left, the pain is more lateral with cross body adduction, positive Neer's and Hawkins sign, 150 degrees of forward flexion, 5/5 with external rotation and belly press but only 4/5 with supraspinatus. Diagnoses are s/p anterior cervical discectomy and fusion 2/08; s/p disc replacements C3-4 and C6-7 2/09 with spinal cord stimulator implantation; cephalgia; possible recurrent rotator cuff tear; sleep disturbance. At issue, is the request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240 1 tab by mouth every 6 hours as needed for pain: Upheld

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

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 sustained a work injury in January 2007 and continues to be treated for neck and left shoulder pain. When seen, further cervical spine surgery had not been recommended. He was using a spinal cord stimulator. He was having ongoing left shoulder pain. Physical examination findings included decreased left shoulder range of motion with acromioclavicular joint tenderness and positive impingement testing. There was decreased shoulder strength. The assessment references being uncomfortable with the high doses of opioid medications being prescribed but still having to refill them. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg 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 is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.