

Case Number:	CM15-0119342		
Date Assigned:	06/29/2015	Date of Injury:	09/02/2014
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
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:

This is a 61 year old female with a September 2, 2014 date of injury. A progress note dated May 7, 2015 documents subjective complaints (improvement since last exam; continues to have restricted mobility and decreased strength), objective findings (cervical spine spasm to palpation in the paraspinal muscles; tenderness to palpation of the paraspinal muscles; decreased sensation in the bilateral median nerve dermatomal distribution; tenderness to pressure over the anterior shoulder joints; decreased range of motion of the bilateral shoulders; spasm of the lumbar paraspinal muscles; tenderness to palpation of the paraspinal muscles; restricted range of motion of the lumbar spine), and current diagnoses (cervical sprain; shoulder impingement; carpal tunnel syndrome; lumbar sprain/strain). Treatments to date have included medications, physical therapy that is helping hand pain and inflammation, imaging studies, and electromyogram/nerve conduction velocity studies that showed evidence of moderate bilateral carpal tunnel syndrome. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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 September 2014 and continues to be treated for hand pain. Medications are referenced as allowing the claimant to function and she is noted to be working. When seen, there had been improvement since the previous examination. There were cervical and lumbar paraspinal muscle tenderness and spasms. There was shoulder tenderness with decreased range of motion and positive impingement testing. Tinel's testing was positive bilaterally. There was decreased bilateral median nerve distribution sensation. 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. There are no identified issues of abuse or addiction and medications are referenced as improving function and the claimant is noted to be working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary. Therefore, the request for Norco 10/325mg quantity 60 is medically necessary.