

Case Number:	CM15-0122399		
Date Assigned:	07/06/2015	Date of Injury:	05/07/2012
Decision Date:	09/10/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 5/7/12. She reported head, neck and low back pain following a motor vehicle accident. The injured worker was diagnosed as having bilateral shoulder tendinopathy, subluxation of bilateral sternoclavicular joints, cervical sprain/strain with underlying severe spondylosis and syringohydromyelia, headaches related to post concussive head and neck injury, bilateral carpal tunnel syndrome and dysphagia and dyspepsia symptoms from medications and neuropathic burning component of pain across neck and shoulder girdle. Treatment to date has included oral medications including Norco 10/325mg, Lyrica, Omeprazole and Cymbalta and topical ThermoCare heat patches, injections in sternoclavicular joints, physical therapy and home exercise program. Currently on 5/13/15, the injured worker reports ongoing neck pain, shoulder girdle pain, headaches and pain across the sternoclavicular joints, she also reports ongoing numbness and pain in both wrists and hands. She rates her pain as 8/10 and at best 4/10 with medications and 10/10 without medications. She also notes a 50% reduction in pain and 50% functional improvement in activities of daily living with medications. She is currently not working. Notation is made of narcotic contract on file and urine drug screens have been appropriate. On 5/13/15, physical exam noted limited range of motion in all planes of neck, pain without radiation with cervical compression and muscle spasm across cervical trapezius and cervical paraspinal musculature with palpation. Exam of sternoclavicular joints revealed exquisite tenderness over the joints with some crepitus on range of motion of shoulders, subluxation of both sternoclavicular joints on palpation and positive impingement signs of bilateral shoulders;

and exam of both hands reveals no triggering of digits and Finkelstein maneuvers are very painful in both wrists. A request for authorization was submitted for Norco, Lyrica, Cymbalta, Omeprazole and Thermacare patches on 5/19/15.

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, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.