

Case Number:	CM15-0129125		
Date Assigned:	07/15/2015	Date of Injury:	09/04/2009
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 62 year old male patient who sustained an industrial injury on 9/4/09 that involved his neck, left shoulder and left upper extremity. He sustained the injury while closing a large defective refrigerator door. Diagnoses include neck pain; left upper extremity pain; chronic left shoulder pain, status post left shoulder surgery (4/2010); myofascial pain of the left upper extremity. Per the doctor's note dated 6/1/2015, he had complains of left shoulder and neck pain. The physical examination revealed no significant change. Per the doctor's note dated 4/30/2015, the physical exam revealed tenderness on palpation of the cervical spine with restricted range of motion of the left shoulder. The medications list includes Norco, Relafen, Colace, tizanidine. He had an MRI of the cervical spine dated 3/27/12 which revealed right sided foraminal stenosis at C3-4, central disc osteophyte, disc herniation; electromyography dated 3/7/13 which revealed abnormal study consistent with mild left ulnar neuropathy across the elbow and wrist. He has undergone left shoulder arthroscopic surgery in 4/2010 and cervical epidural steroid injection on 5/13/2011. He has transcutaneous electrical nerve stimulator unit; acupuncture which was helpful; epidural steroid injection with minimal relief; chiropractic treatments and physical therapy. He has had urine drug screen on 4/2/2015 which was positive for opiates. In the progress note dated 4/30/15 the treating provider's plan of care includes a request for Norco 10/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 325:10 mg; mg retrospective (04/30/15) Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page 75-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids or other medications for chronic pain (like antidepressants/ anticonvulsants) is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Norco tablets 325:10 mg; mg retrospective (04/30/15) Qty 90 is not medically necessary or established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.