MAXIMUS Federal Services

Case Number:	CM15-0170962		
Date Assigned:	09/11/2015	Date of Injury:	08/04/2008
Decision Date:	10/09/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/31/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female who sustained an industrial injury on 8-4-08. A review of the medical records indicates that she is undergoing treatment for bilateral shoulder impingement, cervical radiculopathy, and status post right distal radius fracture. Medical records (4-7-15 to 6-16-15) indicate ongoing pain in the right shoulder and right hand. She has rated the pain "7 out of 10" without medications and "4 out of 10" with medications. The 4-7-15 progress report indicates that the injured worker reported that with medications, she "goes to sleep and can't do anything with her hands". However, the 6-16-15 report states that with medications, she "can help around the house, sleep better, with some improvement in hand function", as well as being able to sweep the floor and cook. On physical examination, the treating provider noted spasms, decreased range of motion, pain, and decreased sensation of the cervical spine, and "positive impingement" and painful range of motion of the shoulders. The treatment has included use of Norco and Prilosec. The urinalysis was noted to be "consistent" (6-16-15). The request for authorization (7-21-15) includes Norco 10-325, #180. The utilization review (8-1-15) indicates modification to Norco 10-325, #40, to allow for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.