

Case Number:	CM15-0174001		
Date Assigned:	09/15/2015	Date of Injury:	06/29/2014
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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 41 year old male with a date of injury on 6-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet syndrome, cervical pain, lumbar facet syndrome, shoulder pain, hand pain and low back pain. Medical records (7-22-2015 to 8-11-2015) indicate ongoing upper right back pain radiating down to the right bicep. The injured worker also complained of lower backache, right shoulder pain and numbness over the right forearm. He rated his pain as seven out of ten with medications and nine out of ten without medications. He reported a decreased activity level. The physical exam (7-22-2015 to 8-11-2015) revealed tenderness and restricted range of motion of the cervical spine. Right shoulder movement was restricted by pain. There was tenderness on the right side of the cervical spine. Treatment has included physical therapy, chiropractic treatment and medications. Current medications (8-11-2015) included Rozerem, Flector patches, Lunesta and Norco. Failed medications included Lyrica, Ultram, Neurontin and Tizanidine. The injured worker has been prescribed Norco since at least 2-11-2015. The request for authorization dated 8-11-2015 was for Norco. The original Utilization Review (UR) (8-25-2015) non-certified a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Second Edition Chapter 6 Pain, Suffering, and the Restoration of Function; Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Online Version (updated 07/15/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in June 2014 when he was struck by a mattress and fell landing on his back and right shoulder. An MRI of the right shoulder included findings of a partial thickness rotator cuff tear and an MRI of the lumbar spine in February 2015 showed findings of an extruded L4/5 distribution. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, he was having difficulty sleeping. Right shoulder surgery was pending. Norco was being prescribed. Physical examination findings included a BMI of over 33. He appeared to be in moderate pain. There was an antalgic wide based gait. There was decreased and painful cervical spine range of motion. 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 providing what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.