

Case Number:	CM15-0045882		
Date Assigned:	03/18/2015	Date of Injury:	03/01/2003
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 3/01/2003. He was diagnosed as having chronic pain syndrome, Dyshidrosis, muscle pain, other Enthesopathy of elbow region, other affections of shoulder region, not elsewhere classified and neuropathic pain. Treatment to date has included physical therapy, stretching and medications. A TENS unit has been approved. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported neck and upper extremity pain. He reports more tension and spasm in the shoulders and trapezius. The pain is described as aching in the shoulders, upper extremities, trapezius and parascapular region. The pain is worse with bending and lifting and better with medications. He rates his pain as 8/10 in intensity without medications and 2/10 in intensity with medications. Physical examination of the bilateral shoulders and cervical spine revealed increased pain with abduction and internal rotation bilaterally. Cervical spine range of motion is slightly diminished in all areas. There was tenderness and spasm in the paraspinal muscles. The plan of care included medications and a TENS unit which was dispensed. On 2/18/2015, authorization was requested for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with neck and upper extremity pain rated 8/10 without and 2/10 with medications. He reports more tension and spasm in the shoulders and trapezius. The request is for NORCO 10/325 MG #120. The RFA provided is dated 01/23/15. Patient's diagnosis included chronic pain syndrome, dyshidrosis, muscle pain, other Enthesopathy of elbow region, other affections of shoulder region, not elsewhere classified and neuropathic pain. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Norco has been mentioned in the progress report dated 02/10/14 and the patient has been taking it since at least then. Per the treater, medication "does help to relieve pain significantly so he can continue to stay active. He is able to do things around the house, spend time with his family, and exercise." Urine toxicology was administered on 01/16/15 and results were consistent with the prescribed medications. The pain scale provided indicates analgesia. CURES reports are compliant and there are no signs of abuse or diversion. Although it is acknowledged that 4As are addressed as required by the guidelines; however, the guidelines generally do not support chronic opioid use for non-malignant pain unless there are extenuating clinical circumstances. Review of the medical reports does not point out any qualifying conditions. Per progress report dated 02/13/15, there had been an attempt to wean in the past, but pain was too severe at the time. Furthermore, It is also noted that the patient has just been authorized for a concurrent use of a TENS unit. In this case, it appears that there would be need for slow weaning process. Per the UR letter dated 02/25/15, the original request of NORCO 10/325 MG #120 was modified to authorize NORCO 10/325 MG #90 to accommodate the weaning process. The current request for NORCO 10/325 MG #120 IS NOT medically necessary.