

Case Number:	CM15-0066675		
Date Assigned:	04/14/2015	Date of Injury:	09/24/2012
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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: Internal 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 36 year old male, who sustained an industrial injury on 09/24/2012. On provider visit dated 03/09/2015 the injured worker has reported left shoulder, pain wrist pain, and headaches. On examination of the left shoulder diffuse tenderness to palpation, tenderness to radial aspect of the right wrist, increased pain on abduction. The diagnoses have included wrist pain, shoulder pain, rib pain, chronic pain syndrome and headache. Treatment to date has included medications, home exercise program and laboratory. The provider requested Norco #60 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 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 for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The 3/09/15 progress report documented that the patient returned for a reevaluation regarding left shoulder pain and headaches. He stated that he continued to find his medications helpful. The patient reported that pain was tolerable and that he was able to continue to work. He stated that he was taking Norco as needed for severe pain and Amitriptyline for headaches, which was helpful. The patient stated that he takes his medications as directed and tolerated them well. He described his pain as aching and stabbing at his left shoulder and wrist. He rated his pain level at 8/10 in severity without medications and 6/10 with medications. Examination noted the patient had 5/5 bilateral upper extremity strength. Sensation was intact and equal. There was diffuse tenderness to palpation at the left shoulder and radial aspect of the right wrist. The range-of-motion was full, but with increased pain on abduction and internal rotation on the left side. The range of motion of the wrist was full. Hawkins was positive on the left shoulder. The patient reported that he needed Norco when his pain was severe. He stated it decreased pain and allowed him to continue to work. He reported that he used them sparingly and did not require a refill monthly. The patient reported that medications were helpful to decrease pain and increase function. The provider reported that the urine toxicology screen was negative for Norco and was consistent. Analgesia, activities of daily living, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco #60 is medically necessary.