

Case Number:	CM15-0069660		
Date Assigned:	04/17/2015	Date of Injury:	05/26/2011
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker is a 41 year old female who sustained an industrial injury on 5/26/11. The injured worker reported symptoms in the neck, back and bilateral hands. The injured worker was diagnosed as having right shoulder partial rotator cuff tear, bilateral shoulder impingement and bilateral carpal tunnel syndrome. Treatments to date have included status post carpal tunnel release, injections, physical therapy, massage, heat/ice application, transcutaneous electrical nerve stimulation unit, and oral pain medication. Currently, the injured worker complains of discomfort in the neck, back and bilateral hands. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 50 mg per day.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for neck, back, and bilateral hand pain. When seen, she reported that medications were becoming less effective. The treating provider, however, documents medications as helping her to be more functional. Medications included MS Contin and Norco being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. 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 the treating provider documents medications as enabling the claimant to be more functional. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.