

Case Number:	CM15-0078093		
Date Assigned:	04/29/2015	Date of Injury:	04/21/2011
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Preventive Medicine, Occupational 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 a cumulative trauma industrial injury on 4/21/11 involving her spine, bilateral wrists and hernia. She currently complains of ongoing bilateral shoulder pain with left greater than right and neck pain. She is trying to lose weight in preparation for her hernia repair. Medication is hydrocodone. Diagnoses include cervical and lumbar musculoligamentous stain; multilevel spondylosis and degenerative joint disease thoracic spine; rotator cuff tendinitis, bilateral shoulders; bilateral carpal tunnel syndrome; bilateral neuropathic foot pain; obesity; umbilical hernia. Treatments to date include right and left shoulder cortisone injections (9/2011,3/2012); physical therapy for her feet with benefit. Diagnostics include bilateral shoulder x-rays (9/22/11); umbilical ultrasound (10/2011) revealing a hernia; electrodiagnostic testing (7/10/12); cervical and thoracic spine, bilateral shoulder, bilateral hand x-rays; right shoulder MRI (no date). In the progress note dated 2/9/15 the treating provider's plan of care includes a request for refill on hydrocodone 5/325 mg as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period for chronic pain without evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #60 is determined to not be medically necessary.