

Case Number:	CM13-0046912		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2012
Decision Date:	04/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Family Practice has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant sustained a work injury on 7/24/12 resulting in neck pain and C6 radiculopathy. An MRI on 9/12/12 showed foraminal narrowing of the C5-C6 region and a herniated disc. He had been using Vicodin Extra Strength or a form of Hydrocodone since August 2012 for pain. An exam report on 10/15/13 indicated she had neck pain with radiation to the left hand. Her neck was guarded and the Spurling's test was positive. He was taking Norco 10/325 1 to 2 times per day for pain control at the time along with SOMA. He had been on Norco for several months without significant improvement in pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: Norco (Hydrocodone/Acetaminophen 10/325mg) is a short acting opioid used for breakthrough pain. According to the MTUS Guidelines this medication is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical

or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on hydrocodone for a year with no significant improvement in pain scale or function. The request for Norco is not medically necessary and appropriate.