

Case Number:	CM13-0056664		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2004
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 66 year old with a date of injury of 10/18/04. A progress report associated with the request for services, dated 10/02/13, identified subjective complaints of neck and shoulder pain with tingling in the left arm. Objective findings included tenderness to palpation of the neck and shoulders. Diagnoses included cervical strain with left-sided radiculopathy. Treatment has included oral medications including Norco for over one year. The patient states that his medications reduce the pain from 10/10 to 7/10. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of Norco 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Norco and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The Chronic Pain Medical Treatment Guidelines related to on-going

treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. Additionally, there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Based upon review of the medical records provided, therapy with Norco appears to be ongoing and long-term. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.