

Case Number:	CM14-0002142		
Date Assigned:	01/24/2014	Date of Injury:	03/15/2006
Decision Date:	10/14/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 61 year old male who sustained an injury on 03/15/06. The specific mechanism of injury was not documented. The injured worker has been followed for ongoing complaints of chronic neck, shoulder, elbow, wrist, hand, and knee pain as well as low back pain. Throughout 2013 the injured worker was utilizing Norco at 5mg once to twice a day with reported benefit. The 11/08/13 clinical report noted loss of lumbar range of motion with tenderness to palpation over the paraspinal musculature. There was patchy decreased sensation in the lower extremities without specific dermatomal distribution. Reflexes were 2+ and symmetric. The injured worker did ambulate with a slow and guarded gait and utilized a cane. The injured worker did have recent toxicology results from 11/13/13 which show positive results for marijuana. There were no reported findings for Hydrocodone. The injured worker was noted to have had a medical marijuana certificate. Follow up on 12/23/13 continued to report difficulty positioning his body due to pain. There was persistent loss of lumbar range of motion noted on physical examination. The requested Norco 5/325mg, quantity 60 was denied by utilization review on 12/03/13. The requested amount was modified to 45 tablets.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: There is insufficient documentation regarding overall functional improvement or pain reduction with this medication. There is also limited documentation regarding medication compliance. The injured worker did have recent toxicology results completed; however, there was no reported finding for Hydrocodone. Given the clinical documentation submitted for review, there was no evidence to support the requested 60 tablets of Norco requested. This reviewer does agree with the modification of this medication to 45 tablets only to facilitate a weaning period. Per guidelines, short acting narcotics such as Norco are not recommended for long term use and there is insufficient evidence within the literature establishing that chronic use of short acting opioid medications provides any substantial functional benefit in regards to musculoskeletal or neuropathic pain. As such, the request is not medically necessary.