

Case Number:	CM14-0110820		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2006
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old individual was reportedly injured on 1/17/2006. The mechanism of injury is not listed. The most recent progress note, dated 6/16/2014. Indicates that there are ongoing complaints of chronic neck pain that radiates in the bilateral upper extremities. The physical examination demonstrated cervical spine: pain with range of motion. Positive tenderness to palpation left paraspinal muscles. Lumbar spine: positive tenderness to palpation of the lumbar facet bilaterally at L3-S-1. Positive pain over the lumbar inters vertebral spaces on palpation. Pain with range of motion. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injections, physical therapy, cervical fusion, acupuncture, medications, and conservative treatment. A request had been made for Norco 7.5/325 mg #60, and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic neck pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.