

Case Number:	CM14-0170960		
Date Assigned:	10/23/2014	Date of Injury:	11/22/2011
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 45 year old male who sustained an industrial injury on 11/22/11 when he fell through a rotten board on the porch when it broke through. His prior evaluation and treatment included MRI of neck and back, medications, acupuncture, shockwave therapy, The clinical note from 07/16/14 was reviewed. Subjective complaints included neck pain that was radiating to right upper and left upper extremity. The pain was relieved by medications. The thoracic and lumbar spine pain was 5/10 and 6/10 to 10/10 and was relieved by medications as well. His pertinent medications were Ibuprofen and Norco. Diagnoses included cervical radiculopathy, lumbar sprain/strain and lumbar disc degeneration. He was not working. His plan of care included Ibuprofen and Norco. The pain management note from 09/22/14 was also reviewed. Subjective complaints included neck pain that was 7-8/10 and low back pain that was 9-10/10. There were no side effects for oral and topical medications and medications helped decrease pain. Objective findings included decreased range of motion of cervical and lumbar spine. The plan of care was urine drug screen, Norco 10/325 #120 and Ibuprofen #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77-80.

Decision rationale: The employee was a 45 year old male who sustained an industrial injury on 11/22/11 when he fell through a rotten board on the porch when it broke through. His prior evaluation and treatment included MRI of neck and back, medications, acupuncture, shockwave therapy, The clinical note from 07/16/14 was reviewed. Subjective complaints included neck pain that was radiating to right upper and left upper extremity. The pain was relieved by medications. The thoracic and lumbar spine pain was 5/10 and 6/10 to 10/10 and was relieved by medications as well. His pertinent medications were Ibuprofen and Norco. Diagnoses included cervical radiculopathy, lumbar sprain/strain and lumbar disc degeneration. He was not working. His plan of care included Ibuprofen and Norco. The pain management note from 09/22/14 was also reviewed. Subjective complaints included neck pain that was 7-8/10 and low back pain that was 9-10/10. There were no side effects for oral and topical medications and medications helped decrease pain. Objective findings included decreased range of motion of cervical and lumbar spine. The plan of care was urine drug screen, Norco 10/325 #120 and Ibuprofen #90. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back and neck pain and had been on Norco 10/325mg four a day. Even though, there is documentation that he had improvement of pain with the medications, there is no evidence that there is functional improvement from taking Norco. The employee infact had a pain level of more than 8/10 in the most recent progress notes. He was not working. Given the lack of clear documentation on functional improvement the criteria for continued use of Norco 10/325mg have not been met.