

Case Number:	CM14-0174784		
Date Assigned:	10/28/2014	Date of Injury:	08/23/2013
Decision Date:	12/04/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/22/2014

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 Arizona. 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 39year old man with a work related injury dated 8/23/13 resulting in chronic pain of the neck and upper and lower extremity pain. The primary treating provider evaluated the patient on 9/24/14. The patient complained of ongoing pain in the neck, shoulder, knee and ankle. The physical exam showed a normal gait, tenderness to palpation, and good range of motion of the shoulder. The diagnosis included low back pain, L5-S1 broad disc protrusion with annular tear, left shoulder pain, left knee pain, neck pain and C4-5 central protruding disk. There was no documentation of functional improvement or a return to work while taking medications for pain including Norco2.5/325 mg.Under consideration is the continued use of Norco 2.5/325mg # 60 dispensed on 9/24/14. This was denied during utilization review dated 10/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 2.5/325mg #60 Dispensed on 09/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Norco 2.5/325mg is a combination medication including Hydrocodone and Acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation didn't support that the patient had functional improvement while taking Norco. The continued use of Norco 2.5/325mg is not medically necessary.