

Case Number:	CM14-0179601		
Date Assigned:	11/04/2014	Date of Injury:	06/04/2012
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 California. 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 47-year-old female who sustained an injury on 6/4/12. As per the 9/17/14 report, she presented with neck and right shoulder pain, spasms in the right shoulder, neck, and mid back with associated numbness and tingling that come and go, and depression, anxiety and insomnia secondary to pain. She had daily pain ranges from 4-9/10 with increased pain as the day progressed. The neck pain radiated to the head resulting in headaches. Objective findings revealed neck flexion was to 25 degrees and extension to 20 degrees and right upper extremity laterally abducted to 100 degrees. MRI of the cervical spine revealed disc disease from C4-C7, foraminal narrowing at C3-C4 on the right and facet changes from C4-C6. She is currently on Norco, Soma, Flector patch, naproxen, Protonix, Neurontin, Ativan, Trazadone and Remeron. She is using Norco for pain, which helps to decrease her pain level and provide comfort. All her medications have been helpful in decreasing her symptoms and allowing her to be functional. Diagnoses include discogenic cervical condition with two-level disc disease and foraminal narrowing at C3-C4 on the right and facet wear at C4-C5 and C5-C6 with radicular component along the upper extremity with headaches and shoulder girdle pain on the right side; impingement syndrome of the shoulder on the right with acromioclavicular (AC) joint involvement and anterior subluxation; mild shoulder sprain on the left and mild impingement; sternoclavicular joint subluxation on the right; lumbar sprain, recovering; chronic pain syndrome; and carpal tunnel syndrome, stenosing tenosynovitis along the first extensor compartment and carpometacarpal joint arthritis of the thumb on the right. The request for Norco 10/325mg was denied on 10/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors."The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management. There is no documentation of any significant improvement in pain level (i.e. visual analog scale (VAS)) or function specific with prior use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this patient's compliance. Furthermore, the frequency and quantity have not been specified. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.