

Case Number:	CM14-0184341		
Date Assigned:	11/12/2014	Date of Injury:	05/20/2013
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 District of Columbia & Virginia. 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:

This is a 55 year old patient who sustained injury on May 20 2013. He fell and hit his head. He had developed pain in the cervical area which radiated to his upper extremity. He had a shoulder MRI of the right shoulder on May 23 2014 which showed a large inferior surface partial rotator cuff tear. An MRI lumbar MRI on May 23 2014 which showed a type 1 degenerative change of the end plate with acute surface Schmorl's nodes. He was diagnosed with chronic neck pain and myofascial pain. He was prescribed Norco, gabapentin, tramadol, naproxen, Prilosec, ambien, terocin, synthroid and zanaflex. On Aug 5 2014, he underwent a C5-6 interlaminar epidural steroid injection with fluoroscopy and epidurography by [REDACTED]. He had been noted to have loss of function in the right upper extremity and increasing pain with sitting, standing, bending and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 Page(s): 75,91.

Decision rationale: Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic-H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The patient had ongoing issues with pain and had medical and procedural interventions. He had loss of function and was diagnosed with chronic pain. Norco usage would be indicated. Therefore the request is medically necessary.