

Case Number:	CM14-0023279		
Date Assigned:	05/30/2014	Date of Injury:	12/20/2010
Decision Date:	07/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 41 year old female injured on 12/20/10 when a cash register fell to the floor injuring her head, shoulders, neck, and back. Current diagnoses include post-traumatic stress disorder; sleep disorder, psychological factors affecting medical condition, and status post anterior cervical discectomy and fusion on 06/29/12. The clinical note dated 02/07/14 indicates the injured worker presents complaining of a burning sensation radiating to her upper back with occasional pain in the neck. The injured worker also complained of stiffness when moving her head and sexual dysfunction. The injured worker continues to experience headaches at least once a week. The injured worker also complains of constant pain in the low back with radiation to the right leg. Physical examination revealed decreased cervical range of motion with tenderness to paracervical musculature, decreased lumbar range of motion, motor strength 4/5 in all muscles, sensation intact, reflexes not attainable. Current medications include Lunesta, Hydrocodone PRN, and Butalbital. The initial request for Hydrocodone/Acetaminophen (Norco) 10/325mg (number of tabs not specified) was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN (NORCO) 10/325MG (# OF TABS NOT SPECIFIED): 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, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of hydrocodone /acetaminophen (Norco) 10/325mg (# of tabs not specified) cannot be established at this time. Therefore is not medically necessary.