

Case Number:	CM14-0057706		
Date Assigned:	07/09/2014	Date of Injury:	04/05/2011
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 52 year old male who sustained an injury on 04/05/11 while pushing heavy objects. The injured worker developed complaints of low back, neck and hand pain following the date of injury. Prior treatment has included multiple programs of physical therapy as well as multiple injections for both the neck and low back without benefit. The injured worker had been recommended for surgical intervention; however, there is no indication that this has yet been performed. Pain was being managed with the use of Norco. The injured worker was being followed by pain management and the evaluation from 04/11/14 noted the injured worker had continuing complaints of chronic neck pain radiating to the upper extremities. At this evaluation the injured worker was utilizing Norco 10/325 mg up to 4 times daily as needed for pain. The injured worker did report pain relief with some functional capacity obtained with the use of these medications. Pain scores were at 6/10 in severity. The injured worker's physical examination noted tenderness to palpation in the cervical spine with associated trigger points and limited range of motion. There was mild weakness throughout the lower extremities with symmetric reflexes. The injured worker was recommended to continue with Norco for pain management. Previous urine drug screen results had been consistent with Hydrocodone use. Follow up on 05/09/14 noted no change in the injured worker's complaints. Pain scores remained the same and there were no changes on physical examination. The urine drug screen report from 05/13/14 was again consistent with Hydrocodone use. The requested Norco 10/325mg #120 was denied by utilization review on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325 mg, #120, this reviewer would have recommended this request as medically necessary. From the clinical documentation submitted for review, the injured worker was utilizing Norco 10 mg 4 times a day. The injured worker's overall narcotics dose was low. The injured worker's urine drug screen reports were consistent with the use of Hydrocodone and the injured worker did report functional improvement and pain reduction with the use of Norco. Given the efficacy documented in the clinical record regarding the continued use of Norco, this would meet guideline recommendations regarding ongoing use of short acting narcotics. Therefore, this reviewer recommends the request as medically necessary.