

Case Number:	CM14-0063066		
Date Assigned:	06/20/2014	Date of Injury:	10/27/2004
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of October 27, 2004. A progress report dated February 26, 2014 identifies chief complaint of chronic cervical spine pain, low back pain, bilateral hand and wrist pain and paresthesia, and bilateral knee pain. Physical Examination identifies cervical spine spasm, painful and decreased range of motion. There is facet tenderness. Lumbar spine spasm, painful range of motion, as well as limited range of motion. Positive Lasegue bilaterally. Positive McMurray's sign bilaterally. Tenderness to palpation over the joint line, patellofemoral crepitation, and a positive Apley grind test. Left shoulder positive impingement sign. There is painful range of motion. The diagnoses identify cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, status post bilateral carpal tunnel release with residuals, and bilateral knee osteoarthritis. The treatment plan identifies refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 ONE (10 TO TWO (2) TABLETS THREE (3) TIMES A DAY FOR #180:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), the California MTUS states that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The MTUS Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced numeric rating scale (NRS)), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.