

Case Number:	CM14-0068757		
Date Assigned:	09/05/2014	Date of Injury:	06/15/2001
Decision Date:	10/06/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 Nevada. 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 55-year-old female who was reportedly injured on 6/15/2001. The mechanism of injury was noted as a slip and fall. The injured worker underwent a three-level cervical spine fusion in 2008. The most recent progress note dated 7/10/2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated no antalgic gait, ataxia, acute distress, dysdiadochokinesia, dysmetria or tremors. Head was atraumatic. No recent diagnostic imaging studies available for review. Diagnoses were cervical disc disease, cervicgia and cervical radiculopathy. Previous treatment included cervical spine surgery and medications to include Naprosyn, Norco, Butrans Patch and Baclofen. A request was made for Norco 10/325 mg #180, which was not certified in the pre-authorization process on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck pain after a work-related injury in 2001 and a cervical spine fusion in 2008. Review, of the available medical records, fails to document any objective improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.