

Case Number:	CM14-0073810		
Date Assigned:	07/16/2014	Date of Injury:	02/25/2003
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Medicine 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:

The records presented for review indicate the injured worker is a 60 year male injured 02/25/03. The mechanism of injury was not specified. The most recent progress note from primary treating physician dated 03/14/14, indicates the injured worker continues with complaints of chronic cervical spine pain, status post anterior and posterior cervical fusion. The injured worker also complains of left shoulder pain, status post left shoulder surgery. Physical exam of cervical spine reveals spasm, painful and decreased range of motion. Trigger points elicited bilaterally across trapezzi. Left shoulder physical exam reveals a positive impingement sign, pain on range of motion, positive Neer's Test, and positive Apprehension Test. Diagnoses include cervical discogenic disease, left shoulder impingement syndrome and left shoulder chronic tendinosis. The injured worker is participating in home exercise program. Current medications include Norco, Tizanidine, Lidoderm patches, and Terocin patches. The request for Norco 325 mg #90 x 3 as an outpatient for neck pain was denied in previous utilization review dated 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 mg #90 x 3 as an outpatient for neck pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2006; Physician's Desk Reference, 68th ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no evidence of urine drug screen to monitor patient's compliance. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.