

Case Number:	CM14-0217874		
Date Assigned:	01/07/2015	Date of Injury:	02/10/2010
Decision Date:	07/22/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 2/10/10. She reported complaints of neck and right shoulder pain. Treatments include medication, physical therapy, TENS unit, acupuncture and surgery. Pain management progress note dated 11/25/14 reported chief complaint as right shoulder pain. Therapy has improved the pain in her neck. Diagnoses include status post anterior cervical discectomy and fusion at C5-6, axial right sided neck pain symptoms improved and status post right shoulder surgery with residual pain. Plan of care includes: no longer requires diagnostic facet block for neck due to improvement with pain, re-evaluate on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2014, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for neck pain. Treatments have included an anterior cervical decompression and fusion in May 2012 and testing had shown findings of right rotator cuff impingement and mild bilateral carpal tunnel syndrome. When seen, pain was rated at 4-7/10. The claimant's BMI was over 28. Norco was being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.