

Case Number:	CM15-0003408		
Date Assigned:	01/14/2015	Date of Injury:	04/02/2002
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 4/02/2002. The injured worker has been diagnosed of post cervical laminectomy, post lumbar laminectomy, cervical radiculopathy, and lumbar radiculopathy. Treatment has included Lyrica, Testosterone, Robaxin, Zanaflex, Norco, Naproxen and Omeprazole, as well as work modifications. The Magnetic resonance imaging (MRI) of the cervical spine dated 2/16/ revealed anterior fusion and some degeneration of the facets at L4-5. MRI of the lumbar spine dated 2/16/2009 showed anterior fusion, no degenerative disc disease or facet arthropathy. Currently, the Injured worker is reported to be complaining of back pain, neck pain, shoulder pain and foot pain. The pain radiates down his arms. Objective findings included decreased range of motion and tenderness to palpation. On 12/11/2014 Utilization Review non-certified a request or hydrocodone-acetaminophen (Norco) 10/325mg #130, noting that the current medical records do not document quantifiable pain relief, functional improvement, appropriate medication use, lack of aberrant behaviors and lack of intolerable side effects. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of hydrocodone-acetaminophen (Norco) 10/325mg #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen (Norco) 10/325mg oral tab #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 4/02/2002. The medical records provided indicate the diagnosis post cervical laminectomy, post lumbar laminectomy, cervical radiculopathy, and lumbar radiculopathy. Treatment has included Lyrica, Testosterone, Robaxin, Zanaflex, Norco, Naproxen and Omeprazole, as well as work modifications. The medical records provided for review do not indicate a medical necessity for Hydrocodone-acetaminophen (Norco) 10/325mg oral tab #130. The records indicate he has used opioids for at least one year, but there has been no improvement. Rather the pain has worsened. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances . Also, the MTUS notes that most randomized controlled trials for chronic opioids use have been limited to a short-term period (70 days). The requested treatment is not medically necessary and appropriate.