

Case Number:	CM15-0103517		
Date Assigned:	06/08/2015	Date of Injury:	02/20/2003
Decision Date:	07/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

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 male patient who sustained an industrial injury on 02/20/2003. A progress note dated 10/10/2012 reported subjective complaint of doing better now the trial is complete. He does not believe that the spinal cord stimulator helped relieve any of the pain. He feels that it aggravated his condition. He continues to report worsening left scapular, left neck and left arm pain status post trial. He rated the pain a 10 in intensity without the use of pain medications. He states he has tried hard to keep at no more than 4 Norco daily which reduces the majority of his pain. He continues to report improved mood using Cymbalta. With the use of the muscle relaxer there are noted increased spasms. A magnetic resonance imaging study done on 04/19/2012 showed interbody fusion of C3-C7. There is prominence of uncovertebral joints measuring about 3mm at the level of C3-4 causing tightening of the lateral recesses with mild right sided and mild to moderate left sided foraminal narrowing. The following diagnoses are applied: post laminectomy syndrome of cervical region; displacement of cervical intervertebral disc without myelopathy; cervicgia, and insomnia due to medical condition. The patient is deemed permanent and stationary. He is to follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophe, Opioids for chronic pain, Long-term Users of Opioids, Functional improvement, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state 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. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a recent progress note indicated the patient continue to have 8/10 pain despite the use of Norco. Furthermore, there is no documentation of functional improvement with the use of Norco, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorocodone/acetaminophen) is not medically necessary.