

Case Number:	CM15-0131441		
Date Assigned:	07/17/2015	Date of Injury:	02/07/2012
Decision Date:	08/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 53-year-old male who sustained an industrial injury on 2/7/2012 resulting in pain to the upper and lower back, and right shoulder. He was diagnosed with cervicgia and cervical radiculitis; degeneration of cervical intervertebral disc cervical spinal stenosis; headache; degeneration and spinal stenosis of lumbar region; myalgia and myositis. Treatment has included medication, H-wave unit which he reports helps with pain and functionality when used in conjunction with medication, home exercise, and psychotherapy. The injured worker continues to present with back and shoulder pain which is limiting activities of daily living. The treating physician's plan of care includes Norco 10-325 mg. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets basic criteria. Documentation states that patient was also previously on Nucynta for pain control but it was denied. Since denial, pt has noted worsening function. Documentation shows appropriate use of norco with appropriate documentation of monitoring and signs of benefit. While it would be beneficial to wean norco before weaning a long acting opioid, the denial of 2 medications for pain control when patient was stable on prior regimen is not appropriate. An attempt to wean from norco should have been attempted first. Norco is medically necessary.