

Case Number:	CM15-0131844		
Date Assigned:	07/20/2015	Date of Injury:	02/21/2014
Decision Date:	08/14/2015	UR Denial Date:	06/16/2015
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 was a 54 year old male, who sustained an industrial injury, February 21, 2014. The injured worker previously received the following treatments 6 sessions physical therapy was helpful, 6 sessions acupuncture was not helpful, Amlodipine, Buspirone, Citalopram, Doxazosin, Ibuprofen, Norco and trigger point injections. The injured worker was diagnosed with degeneration of cervical intervertebral disc, neck pain, pain in the thoracic spine, degeneration of thoracic intervertebral disc, left knee arthroscopy, post left total knee arthroplasty and status post lumbar laminectomy. According to progress note of June 4, 2015, the injured worker's chief complaint was mid back pain, neck pain, left shoulder and thoracic spine pain. The injured worker rated the pain at 6-7 out of 10 but as high as 9 out of 10 with flare ups. The pain was aggravated by lifting, pushing. Pulling, carrying and working above the shoulders. There was severe myofascial tenderness and trigger point points in the cervical paraspinal muscles, trapezius muscles and rhomboid musculature. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing.

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 fails all criteria. There is no documentation of assessment of pain improvement on VAS or documentation of functional improvement except to state that patient is back to modified duty. There is no documentation of appropriate assessment of abuse or side effects. Documentation fails to support norco therapy. The request is not medically necessary.