MAXIMUS Federal Services

Case Number:	CM15-0133423		
Date Assigned:	07/21/2015	Date of Injury:	12/17/2005
Decision Date:	08/18/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 (IW) is a 68 year old male who sustained an industrial injury on 12/17/2005. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar/lumbosacral degenerative disc disease, cervical spondylosis with myelopathy, and spinal stenosis-lumbar. Treatment to date has included spine x-Rays, Spine MRI, Nerve conduction studies, neurology evaluation, neurosurgery evaluation, orthopedic surgery evaluation, and pain clinic. Currently, the injured worker complains of constant pain that is sharp, dull, aching, burning, shooting, stinging, stabbing and throbbing. Exacerbating factors include coughing, lifting, sitting, standing, walking, climbing stairs, side sleeping position, supine sleeping position, and prone sleeping (holding any position too long). The pain is relieved by ice, rest, no stretching, non-steroidal anti- inflammatory medication, opioid analgesics, injection treatments, sleep medication, and deep heat rub. The pain limits his activities of daily living. The worker's medications include Norco. According to the notes, he has good adherence to his medication schedule, good tolerance, fair symptom control, and no reported side effects from the medication. The treatment plan is to refill his Opioid medication. A request for authorization was made for the following: Norco 10/325mg #90

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 Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
(1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005 and is being treated for is being treated for chronic neck pain, radiating low back pain, headaches, and depressions. When seen, he was completing treatments for hepatitis C. Norco is referenced as of no help and possibly worsening symptoms. He had paraspinal pain and was ambulating with a cane. 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, Norco is reported to be ineffective and causing increased pain and there is there is no documentation that this medication is providing an increased level of function or improved quality of life. Continued prescribing was not medically necessary.