

Case Number:	CM15-0134140		
Date Assigned:	07/22/2015	Date of Injury:	09/13/2005
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
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 is a 60 year old male who sustained an industrial injury on 9/13/05. He had complaints of neck pain. Treatments include medication, physical therapy, injections and surgery. Progress report dated 5/28/15 reports continued complaints of neck and lower back pain. On exam, his neck has very poor range of motion. Diagnoses include: cervical discogenic disease status post surgery, chronic neck pain and lumbar discogenic disease. Plan of care includes: reduce norco to 30 mg daily, #90. Work status: totally and permanently disabled. 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 quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 September 2005 and continues to be treated for radiating neck pain. When seen, his pain medications have been significantly decreased. He was having pain rated at 4/10. He was otherwise doing well on his medications. Physical examination findings included poor cervical range of motion. He was having increasing trapezius muscle spasms. Norco was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. At the previous visit, tramadol had also been prescribed and the total MED had been 60 mg per day. In August 2014, when taking Norco 8 times per day he had the same pain score of 4/10. 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, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. At more than twice the dose being requested, pain levels were identical. Continued prescribing at this dose was not medically necessary.