

Case Number:	CM15-0138405		
Date Assigned:	07/28/2015	Date of Injury:	11/21/2002
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 40-year-old male sustained an industrial injury on 11/21/02. He subsequently reported neck and back pain. Diagnoses include intervertebral cervical disc disorder with myelopathy and cervical spondylosis with myelopathy. Treatments to date include x-ray and MRI testing, chiropractic therapy, physical therapy and prescription pain medications. The injured worker continues to experience neck, mid and low back pain as well as headaches and dizziness. Upon examination, there was suboccipital and occipital tenderness present bilaterally. Thoracic spine tenderness was noted. Cervical facet loading test was positive bilaterally. Gait was antalgic. A request for Norco 5/325mg #60 with 1 refill was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2002 when he was struck on the head by a 50-pound box and is being treated for neck, mid back, and low back pain and headaches and dizziness. When seen, there was an antalgic gait. When seen, he was having ongoing symptoms. Symptoms included intermittent radiating left lower extremity pain and weakness. Pain was rated at 7/10. Medications being prescribed included tramadol. Physical examination findings included appearing in moderate discomfort. There was decreased cervical spine range of motion with pain with negative Spurling's testing. There was decreased right shoulder range of motion. There was thoracic and cervical facet tenderness. Cervical facet loading was positive. There was fighting of the lumbar lordosis. He had an antalgic gait. Tramadol was discontinued and Norco was prescribed. The total MED (morphine equivalent dose) was decreased from 40 mg per day to 10 mg per day. When he has been able to obtain tramadol, pain had been rated at 6-8/10. 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 was less than 120 mg per day, there is no documentation that this opioid medications at a higher daily MED had provided decreased pain, increased level of function, or improved quality of life. Prescribing Norco at this dose was not medically necessary.