

Case Number:	CM15-0139541		
Date Assigned:	07/29/2015	Date of Injury:	07/02/1986
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 54 year old male, who sustained an industrial injury on July 2, 1986. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine fusion, chronic pain, migraine and depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated March 5, 2015, the injured worker complains of a headache, cervical spine pain and thoracic spine pain. Pain rating averages 5 out of 10 with a range of 2 to 9 out of 10. Physical examination showed lower cervical and mid thoracic tenderness. The treating physician is requesting 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 quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-related injury occurring in 1986 and is being treated for chronic cervical and thoracic pain and headaches. When seen, he was taking Norco intermittently, averaging #90 per month. When seen, he was doing reasonable well. Pain was rated at 2-9/10. There was cervical and thoracic spine tenderness. His BMI was nearly 40. Norco was refilled. 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 through VAS scores, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.