

Case Number:	CM15-0145250		
Date Assigned:	08/06/2015	Date of Injury:	08/30/2011
Decision Date:	09/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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 63 year old female, who sustained an industrial injury on 8-30-2011. The mechanism of injury was not noted. The injured worker was diagnosed as having status post cervical fusion, anterior posterior, occipital neuralgia, bilateral upper extremity radiculopathy, fibromyalgia syndrome, and non-union cervical fusion, C5-C6. Treatment to date has included diagnostics, cervical fusion surgery, physical therapy, and medications. Currently (7-14-2015), the injured worker complains of severe neck pain, rated 8 out of 10. Objective findings included an operative scar, muscle spasm, and tenderness. Medications included Norco, Prilosec, and Fexmid. She remained off work. The treatment plan included continued medications. A re-evaluation note (5-07-2015) noted that she was just under one year out from cervical fusion surgery. The use of Norco was noted since at least 1-2015. Urine toxicology (5-2015) was consistent with the use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

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

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for neck pain. Treatments have included eight cervical spine fusion with nonunion. When seen, pain was rated at 8/10. She was nearly one year status post surgery. Physical examination findings included tenderness and muscle spasms. Medications were refilled including Norco, Fexmid, and Prilosec. 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. Continued prescribing was not medically necessary.