

Case Number:	CM15-0164807		
Date Assigned:	09/02/2015	Date of Injury:	06/11/2007
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on June 11, 2007. He reported neck, right shoulder and low back pain. Treatment to date has included psychotherapy, medications, MRI, electrodiagnostic studies, toxicology screen and physical therapy. Currently, the injured worker complains of worsening low back pain that radiates down his left lower leg resulting in an altered gait. He also reports worsening depressive symptoms believed to be due to his pain level. The injured worker is currently diagnosed with degenerative lumbar-lumbosacral disc disease, lumbosacral spondylosis, cervical disc degeneration and post-concussion syndrome. His work status is permanent and stationary with permanent disability. A progress note dated January 13, 2015 states the injured worker experienced a 90% decrease in his pain level from Norco. The note also states the medication allows him to engage in activities of daily living and experience improved ability to function. A progress note dated May 1, 2015 states the injured workers pain level decreased from 8-9 on 10 to 2-3 on 10 with Norco. A physical therapy note dated July 20, 2015 states the injured workers therapy potential is poor. A progress note dated July 24, 2015 states the injured worker reports therapeutic benefit from psychotherapy. The medication Hydrocodone-APAP 10-325 mg #90 to reduce pain is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with an NSAID (Nabumeone). Pain reduction due to Norco is unknown. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Norco (Hydrocodone) is not medically necessary.