

Case Number:	CM15-0180953		
Date Assigned:	09/22/2015	Date of Injury:	05/08/2012
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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 51 year old male who sustained an industrial injury on 05-08-2012. He reported immediate neck and back pain after a 30-40 pound steel pole fell and struck the back of his head. Treatment to date has included medications, physical therapy and a lumbar epidural steroid injection. According to a progress report dated 08-10-2015, the injured worker reported continued "improvement". Medications and physical therapy were "proving effective in improving patient's pain levels, function and range of motion and overall sense of comfort." The provider also noted predominant cervical pain, pain worse and pain and spasm. Examination of the cervical spine demonstrated neuro-circulatory status was intact. Spasm and tenderness to palpation was noted. Motion was guarded due to pain. Range of motion was normal. Diagnoses included cervical strain, cervical degenerative arthritis, cervical degenerative disc disease, cervical myelopathy, myofascial pain and cervical radiculopathy. Medications included Hydrocodone 10-325 mg #60. Re-evaluation date was noted for 09-14-2015. The injured worker remained permanent and stationary with unchanged work restrictions. An authorization request dated 08-13-2015 was submitted for review. The requested services included Norco 10-325 mg #180 two tabs every 4-6 hours as needed with no refills. On 08-20-2015, Utilization Review modified the request for Norco 10-325 mg #180. Documentation shows use of Norco dating back to March 2015 at which time the provider noted that 6 Norco per day was not helping. Urine drug screens were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco 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. Pain score trends to determine reduction with use of medication was not noted. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.