

Case Number:	CM15-0186908		
Date Assigned:	09/28/2015	Date of Injury:	10/26/2010
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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 male who sustained an industrial injury on 10-26-10 when he was involved in a rear-end motor vehicle accident with injuries to his neck, shoulders, arms and back. The medical records indicate that the injured worker has been treated for cervical and lumbar degenerative disc disease; lumbar and cervical pain; cervical herniated discs; bilateral shoulder tendonitis with bilateral shoulder pain; right shoulder internal derangement. He currently (7-29-15) complains of neck, bilateral shoulders, arm and low back pain which were unchanged since his last visit of 7-1-15. His pain level was 1 out of 10 with Norco from 8 out of 10 without medication (7-29-15) and 4 out of 10 with medication and 6-7 out of 10 without medication on 7-1-15. No other pain levels were present. The medication effect lasts about 4 hours. He has been on Norco since at least 3-9-15. Because of the pain he is slower with mopping, vacuuming and cleaning which is part of his job. As for activities of daily living he has difficulty with carrying, twisting, lifting with decreased standing, sitting and walking ability. On physical exam of the cervical spine there was decreased range of motion. Treatments to date include x-rats; physical therapy with temporary relief; chiropractic treatments with temporary relief; medications, Norco, Abilify. The request for authorization dated 8-18-15 was for Norco 10-325mg #120. On 8-27-15, Utilization Review, non-certified the request for Norco 10-325mg #120 and modified it to Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Overturned

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, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2010 and is being treated for neck, shoulder, arm, and low back pain after a rear end motor vehicle accident while his vehicle was stopped at a light. Norco 10/325 #80 was prescribed in March 2015. When seen, it was decreasing pain from 8/10 to 1/10. It was not lasting as long and he was taking an extra dose. He was working at a lower paying job. Physical examination findings included decreased cervical spine and shoulder range of motion. Modified work was continued. Norco was increased to 10/325 mg #120. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. The quantity prescribed is consistent with the claimant's reported medication use and he continues to work. Increased use would be most consistent with the development of opioid tolerance. Continued prescribing of Norco is medically necessary.