

Case Number:	CM15-0198626		
Date Assigned:	10/14/2015	Date of Injury:	01/17/1989
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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 81 year old male, who sustained an industrial injury on 01-17-1989. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease and cervical degenerative disc disease. Treatment and diagnostics to date has included medications. Medications have included Norco. After review of the progress note dated 08-26-2015, the injured worker reported chronic neck and low back pain with objective findings noted. No pain ratings or urine drug screen noted in received medical records. The request for authorization dated 09-09-2015 requested Norco 5-325mg. The Utilization Review with a decision date of 09-16-2015 non-certified the request for Norco 5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in January 1989 when he slipped and fell on a wet floor and is being treated for chronic neck and low back pain. The claimant's past medical history includes diabetes, hypertension, coronary artery disease, glaucoma, and ulcerative colitis. He has a body mass index over 27. When seen, VAS scores were not recorded and no physical examination was documented. Norco is being prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.