

Case Number:	CM15-0202493		
Date Assigned:	10/19/2015	Date of Injury:	09/07/2012
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 62 year old male who sustained an industrial injury on 09-07-2012. According to a progress report dated 09-16-2015, the injured worker was seen with a chief complaint of neck pain. He denied any new or worsening symptoms and reported that pain symptoms had remained stable. Pain level was rated 5 on a scale of 1-10. Pain radiated to the right shoulder, right arm and forearm, fingers (most especially the ring and middle fingers) and right neck area with some tenderness. Medications tried and failed included Celebrex. Gabapentin caused mental confusion. Medications included Ambien, Amlodipine, Benadryl, Benicar, Diclofenac Sodium, Flexeril, Metoprolol, Norco and Viagra. Assessment included myofascial pain syndrome, piriformis syndrome, degeneration of cervical intervertebral disc and cervical spondylosis without myelopathy. The provider noted that the injured worker had been stable on current medication regimen and had been able to maintain function with activities of daily living and that he was able to function at a higher level. Without medical regimen, he would not be able to continue with current activity level. He continued to swim daily and perform strengthening exercises. He also stayed active walking. He performed housework and yard work as tolerated. The treatment plan included Norco 10-325 mg three times a day #90 (fill 09-22-2015) and continuation of Diclofenac and Flexeril. Lab work was reviewed and renal function was within normal limits. The provider noted that a request would be submitted to have his hepatic function assessed. An authorization request dated 09-30-2015 was submitted for review. The requested services included hepatic function test. On 10-06-2015, Utilization Review non-certified the request for Norco 10-325 mg #90 and authorized the request for hepatic

function test. Urine toxicology reports were not submitted for review. Records submitted for review dated back to February 2015 and showed continued use of Norco dating back to that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2012 and is being treated for neck pain with right upper extremity radiating symptoms. When seen, pain was rated at 5/10. Medications were keeping his pain symptoms stable and allowing him to maintain function especially with activities of daily living. He was having radiating pain to the right arm, forearm, and fingers. Physical examination findings included a body mass index over 31. There was an otherwise normal examination recorded. Medications were continued including Norco 10/325 mg #90. 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.