

Case Number:	CM15-0023220		
Date Assigned:	02/12/2015	Date of Injury:	05/16/2003
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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 59 year old male, who sustained an industrial injury on 5/16/2003. He has reported injury to his elbow, leg and back after a fall. The diagnoses have included right elbow pain, right knee pain, severe foraminal stenosis multiple levels. He is status post right laminotomy, discectomy, status post left shoulder arthroscopy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, acupuncture and Botox, and steroid joint injections. Currently, the IW complains of ongoing low back, neck and upper extremity pain rated 7/10 without medication and 4/10 with medications. On 12/30/14, objective findings documented included significant neck and low back tenderness with decreased sensation to fingers in the right hand. The plan of care included continuation of a two month supply of Norco and a request for eight acupuncture treatment sessions. On 1/13/2015 Utilization Review non-certified Norco 10/325mg #360, noting the documentation did not support the guidelines were met. The ACOEM Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 (360 tabs): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic pain. Treatments have included lumbar spine and shoulder surgery. The requesting provider documents decreased pain with his current medications.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, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.