

Case Number:	CM15-0029368		
Date Assigned:	02/23/2015	Date of Injury:	03/07/2000
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old male, who sustained an industrial injury on 3/7/00. He sustained neck pain with right scapular fracture. The diagnoses have included cervical radiculopathy, cervical facet arthropathy, cervical myofascial strain and occipital neuralgia. Treatment to date has included trigger point injections in the neck with which provided 3-4 months of relief, acupuncture, epidural injections with minimal benefit, and medications. C-spine x-rays taken on 7/9/14 revealed C5-6 disc space narrowing, C3 retrolisthesis and spondylosis. Currently, the injured worker reports chronic neck and arm pain. Tenderness to palpation was noted in the cervical paraspinals and right occipital ridge and limited range of motion to include cervical extension. On 2/13/15 Utilization Review submitted a modified certification for Norco tablets #45 modified to #30, noting the documentation of limited or 20% pain relief without any specific documentation of function improvement. MTUS and ACOEM Guidelines were cited. On 2/18/15, the injured worker submitted an application for IMR for review of Norco tablets #45 modified to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45 (every 12 hours as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51.

Decision rationale: Norco is a combination hydrocodone/acetaminophen is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length, and the primary diagnosis is for musculoskeletal pain. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. There is no evidence of specific functional improvement while on the medication. The documentation does note a range of limited to 20% pain relief, but the information is not specific, and the documentation also concurrently indicates that the patient continues to have pain and decreased functional status. Therefore, the request for Norco 10/325 #45 is not medically necessary at this time.