

Case Number:	CM15-0214747		
Date Assigned:	11/04/2015	Date of Injury:	09/06/2005
Decision Date:	12/16/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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: California
Certification(s)/Specialty: Emergency 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 an 80 year old male, who sustained an industrial injury on 9-6-05. The injured worker was being treated for cervical musculoligamentous sprain-strain with multilevel degenerative disc disease and stenosis with compression fracture, lumbar spine sprain-strain and right shoulder tendinitis with impingement and bursitis with partial tears of supraspinatus and subscapularis tendons. 8-20-15 and 9-29-15, the injured worker complains of neck pain and low back pain. He rates the pain 2 out of 10 with medications and 7 out of 10 without medications and notes duration of pain is 4-6 hours. It is noted he is able to perform household duties, able to work and improved participation in home exercise program with medications. Objective findings on 8-20-15 and 9-29-15 revealed tenderness to palpation over the bilateral paravertebral musculature of cervical spine, positive Spurling's maneuver, restricted range of motion and tenderness to palpation over bilateral paravertebral musculature of lumbar spine with decreased range of motion. Treatment to date has included oral medication including Norco 5-325mg (since at least 3-5-15); home exercise program and activity modifications. On 9-29-15 treatment plan included request for Norco 5-325mg #120. On 10-27-15 request for Norco 5-325mg #120 was modified to #60 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120: Upheld

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

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Criteria is met for continued use of norco with appropriate documentation of improvement in pain, function and monitoring. However, it is unclear why the number of tablets requested was increased. Patient takes 1-3 tablets a day and has received 60tabs of norco in prior reviews. It is unclear why additional norco was necessary. Utilization Review approved and modified the number of tablets to 60tablets. This request for an unnecessary number of tablets is not medically necessary.