

Case Number:	CM15-0030149		
Date Assigned:	02/23/2015	Date of Injury:	03/05/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 03/05/2014. She has reported left shoulder pain and neck pain. The diagnoses have included cervical disc disease and cervical radiculopathy. Treatment to date has included medications and physical therapy. Medications have included Norco. An evaluation with a treating provider, dated 10/16/2014, documented the injured worker to report cervical spine pain, radiating to the bilateral shoulders, left greater than right, down to the arms, with associated numbness, tingling, and cramping sensation. Objective findings included moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral trapezius muscles; and facet tenderness to palpation at the C4 through C7 levels. Request is being made for prescription medication and random urinary drug screening. On 02/11/2015 Utilization Review noncertified a prescription for 60 Norco 10/325 mg (Through [REDACTED]); and for 1 Urine Toxicology Screening. The CA MTUS was cited. On 02/18/2015, the injured worker submitted an application for IMR for review of a prescription for 60 Norco 10/325 mg (Through [REDACTED]); and for 1 Urine Toxicology Screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10/325 mg (Through [REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75,91,124-127.

Decision rationale: Per MTUS: Short-acting opioids: Also known as, "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002)This patient had chronic pain issues. This medication would be recommended for short term usage and weaning should be initiated. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours.

1 Urine Toxicology Screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 43.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence& addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. This patient is still taking Norco, an opiate. For monitoring of compliance, as per guidelines, this would be indicated.